

Name
in
Full

CERTIFICATE OF DEATH

Hilda Blandford

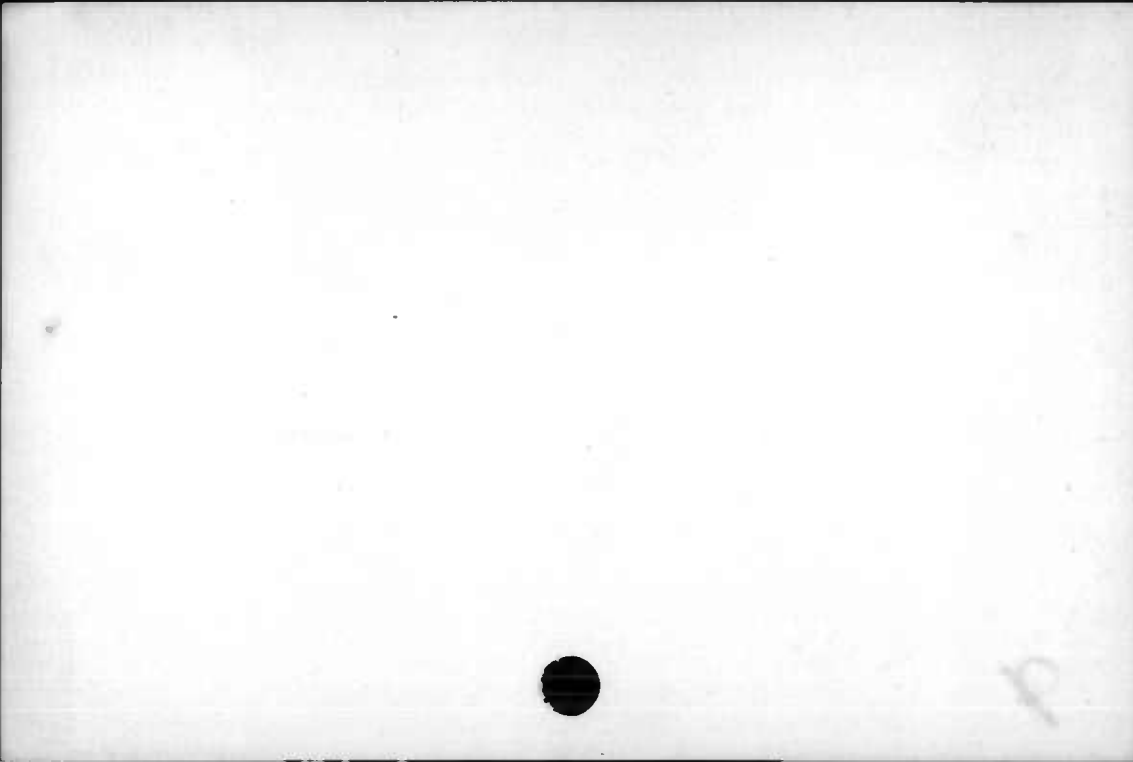
Died at <i>Accokeek</i> Town		<i>Pt. Geo</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>13</i>	Age <i>6-</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Pt. Geo Co. Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William S. Blandford</i>		Father's Birthplace <i>Pt. Geo Co Md.</i>			
Mother's Maiden Name <i>Fannie Barry</i>		Mother's Birthplace <i>Pt. Geo Co Md.</i>			
Name of person giving information		How related to deceased			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

194

PHYSICIAN OR CORONER	Primary	<i>Tonsillitis</i>	How long	<i>one week.</i>
	Immediate	<i>Pneumothorax</i>	How long	<i>three days.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>E. J. Hurt</i>	
	Address <i>Chesapeake</i>		<i>Md.</i>	
Accident or Suicide?				



Name
in
Full

Francis Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

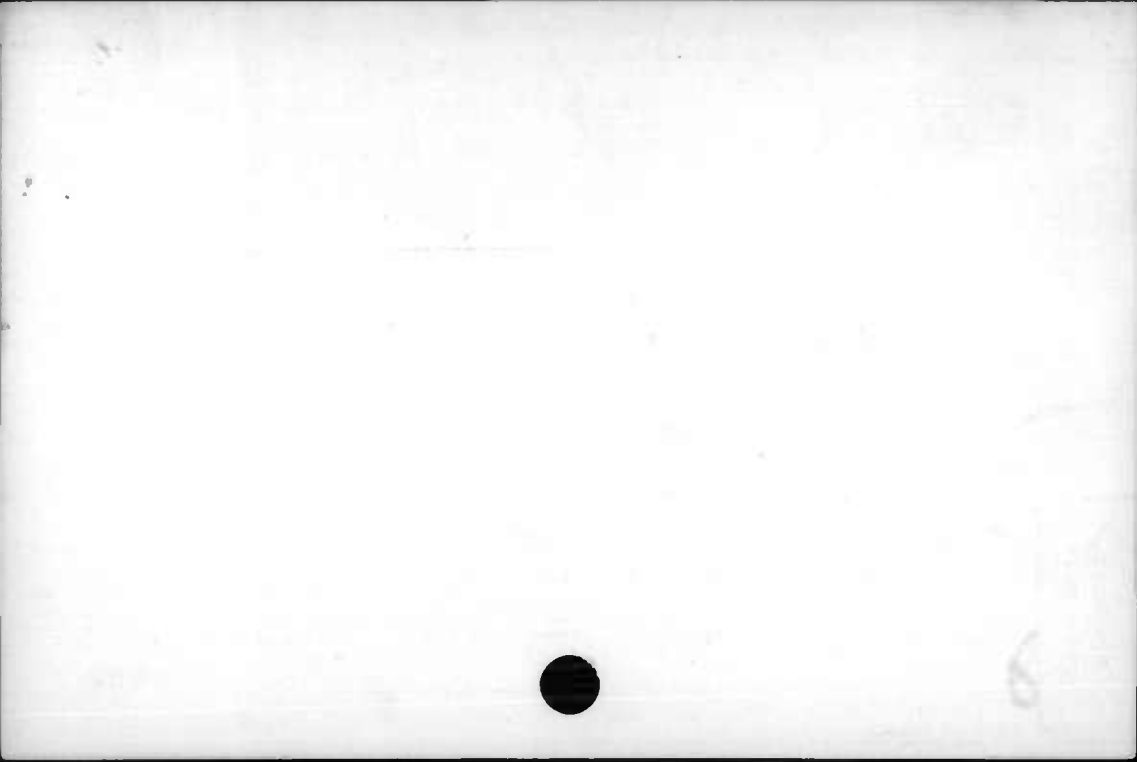
Died at <u>Levin Station</u> ^{Town}		<u>Prince George's</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>12</u>	Day <u>11</u>	Age <u>8</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>			
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Henry Boyd</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Annie Rogers</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>James T. Thornton</u>			How related to deceased <u>Stepfather</u>		

CAUSES OF DEATH

166

PHYSICIAN-
OR CORONER

Primary <u>Gunshot wound</u>	How long <u></u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alfred Radley</u>
	Address <u>Officer Marlboro</u>
Accident or Suicide? <u>Accident</u>	<u>Ind</u>



Name
in
Full

Rachel Ann Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

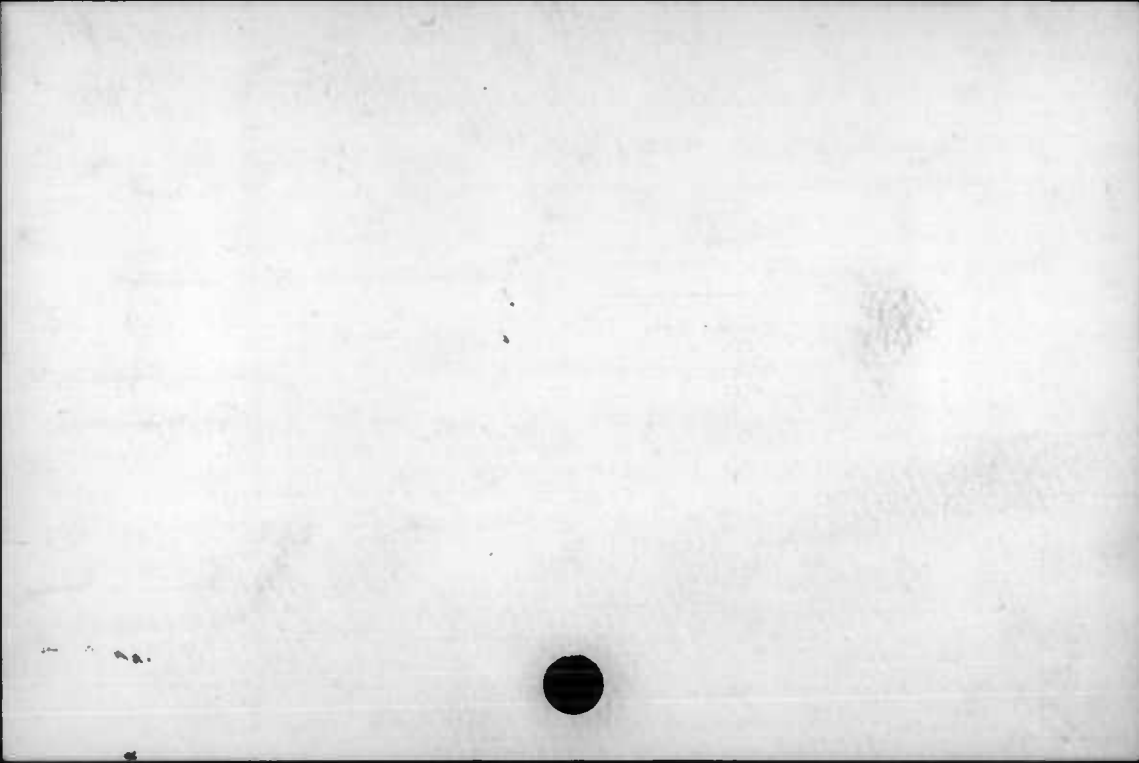
Died at <u>Laurel.</u> Town		<u>Prince</u> County <u>George</u>		MARYLAND	
Date of death <u>1907.</u>	Month <u>Dec.</u>	Day <u>25</u>	Years <u>45</u>	Months	Days
Sex <u>Woman</u>	Color or Race <u>White</u>	Birth-place <u>not known.</u>			
Occupation <u>house hold duties</u>	Where Residing if not at place of death <u>Laurel</u>				
Married, Single or Widowed <u>Not married</u>	Name of Wife or Husband				
Father's Name <u>James Brown.</u>	Father's Birthplace <u>Not known.</u>				
Mother's Maiden Name <u>Bertha.</u>	Mother's Birthplace <u>Not known.</u>				
Name of person giving information <u>Elizabeth E. Duvall.</u>	How related to deceased <u>Cousin.</u>				

CAUSES OF DEATH

(91)

PHYSICIAN
OR CORONER

Primary <u>Bronchorrhoea</u>	How long <u>8 days</u>
Immediate <u>Pulmonary Oedema</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. Taylor</u>
	Address <u>Laurel Md</u>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

Georgiana Butler

TO BE ANSWERED BY
NEAREST FRIEND

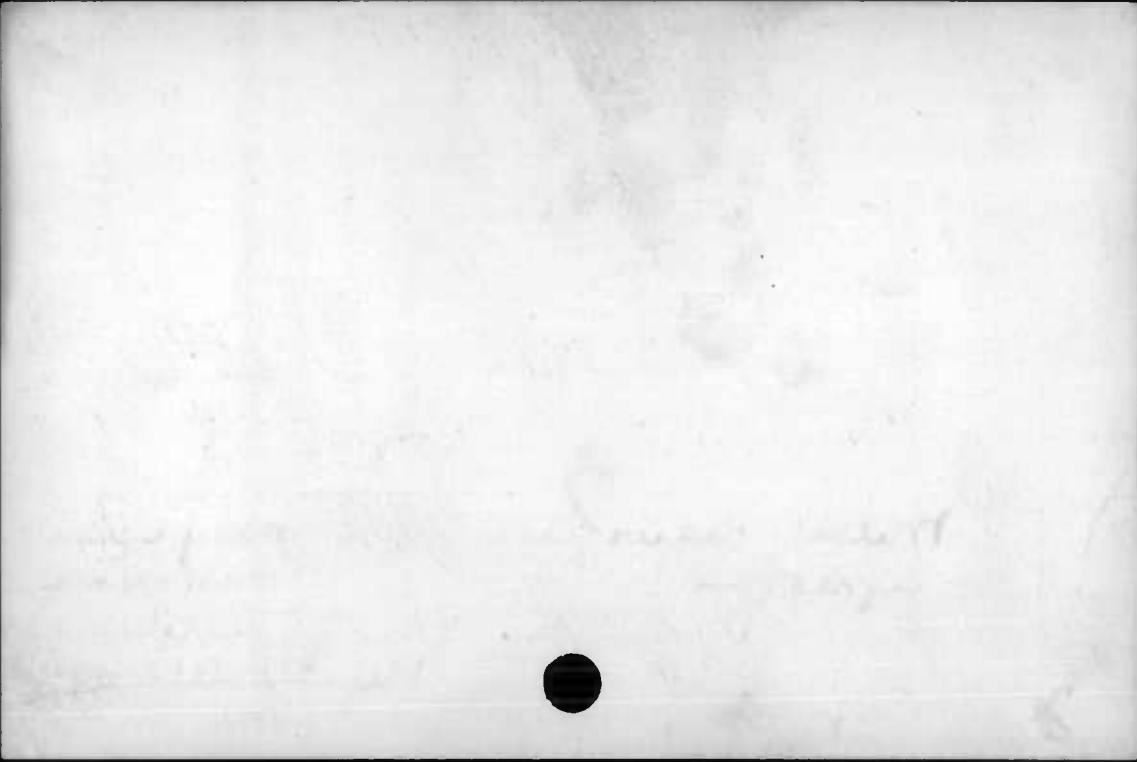
Died at <i>Silver Hill</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>12</i>	Day <i>12</i>	Age <i>66</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Mulatto</i>	Birth-place <i>P. Geo. Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Alexander Butler</i>				
Father's Name <i>James Locker</i>	Father's Birthplace <i>P. Geo. Md</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Thomas Butler</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>3 yrs</i>
Immediate <i>and old age</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sawney</i>
	Address <i>Forestville Md</i>
Accident or Suicide? <i>neither</i>	



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Date of death	1907	Month	Dec	Day	4	Age	58	Years		Months		Days	
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Occupation	Housewife	Where Residing if not at place of death
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Father's Name	Richard T. Cluck	Father's Birthplace	Georgetown, DC
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Mother's Maiden Name	Mary Ann Chick	Mother's Birthplace	Williamsport, Pa.
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Name of person giving information	Mrs. C. Cotton	How related to deceased	daughter
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CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Mitral regurgitation

How long Many years

Immediate Syncope
Are the name, age, sex, color, date
and place correctly given above? Yes

Signature of Physician

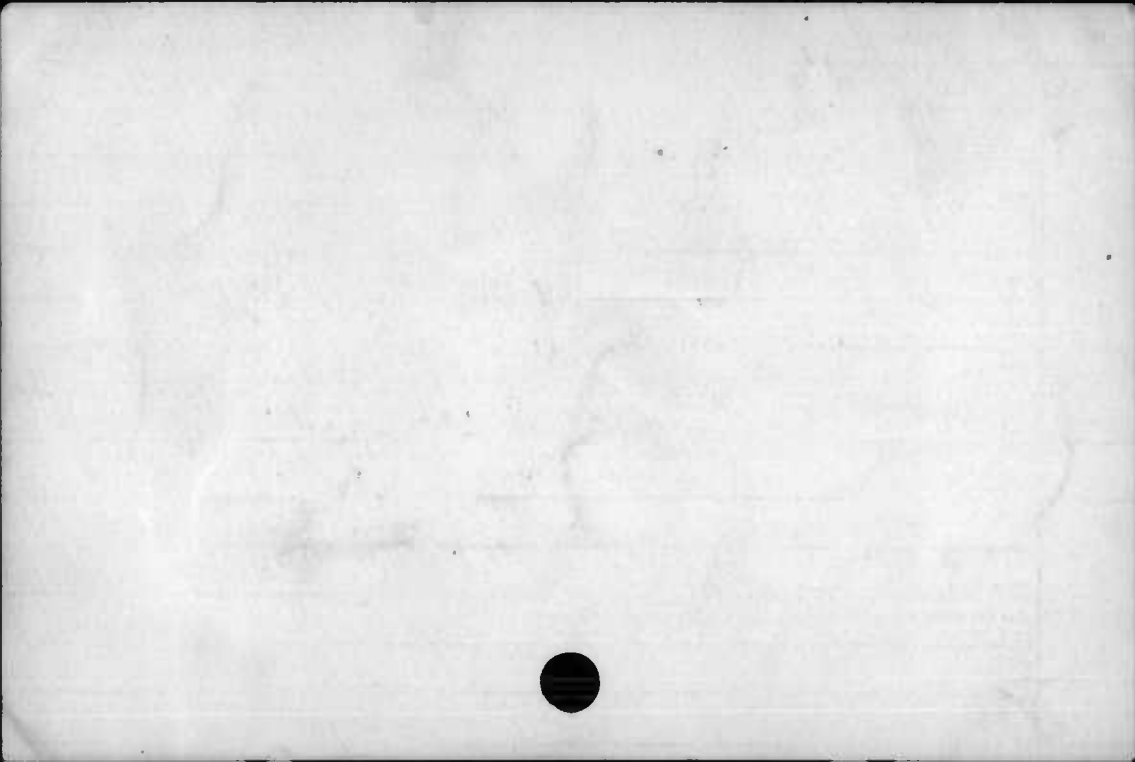
Address

Are the name, age, sex, color, date and place correctly given above?

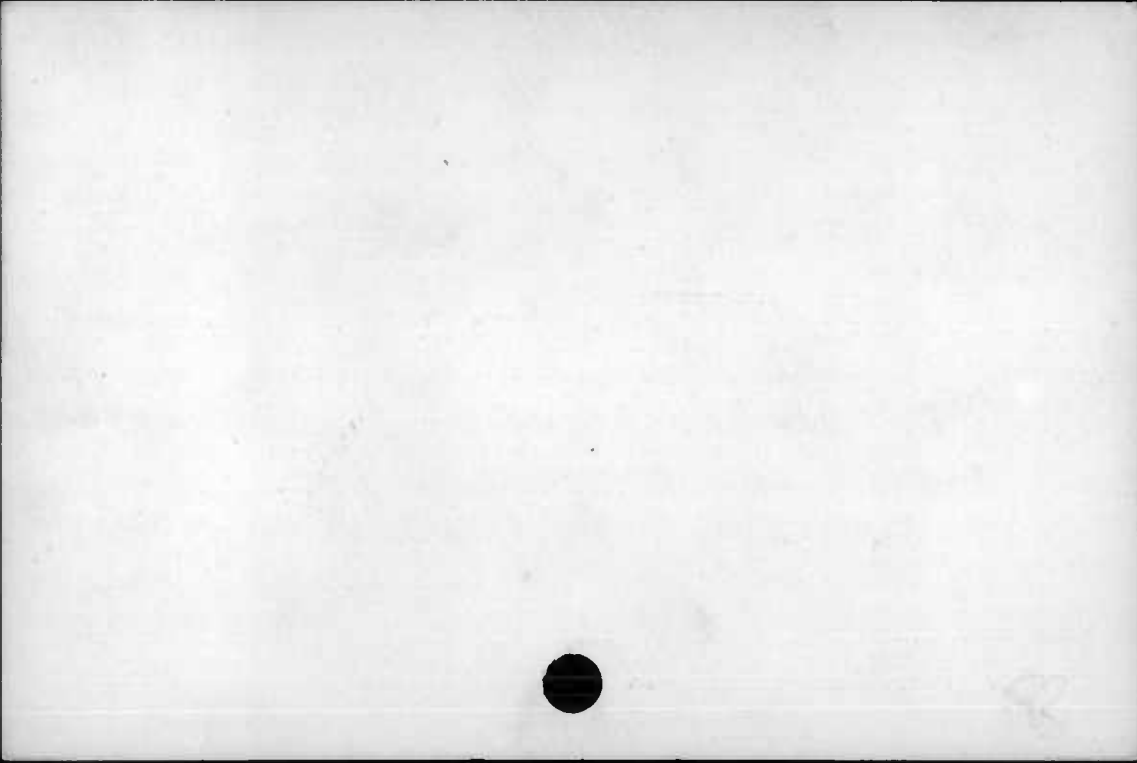
Accident or Suicide?

Neither

Isaiah Tratemert
Hyattsville
Md



Name in Full Joseph R. Chaney		Town Marlboro		County P. Geo		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month 12		Day 2		Years 3		Months 3	
Sex Male		Color or Race White		Birth-place md			
Occupation None		Where Residing if not at place of death ---					
Married, Single or Widowed ---		Name of Wife or Husband ---					
Father's Name Thomas Chaney		Father's Birthplace md					
Mother's Maiden Name Washington Hyde		Mother's Birthplace md					
Name of person giving information Ely Chaney / Hyde		How related to deceased Grand-Mother					
CAUSES OF DEATH				151			
Primary		Premature twin		How long		Lived 3 days	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Reverdy Sasser		Address Upper Marlboro			
<input checked="" type="checkbox"/> Accident or Suicide?							



Name
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CERTIFICATE OF DEATH

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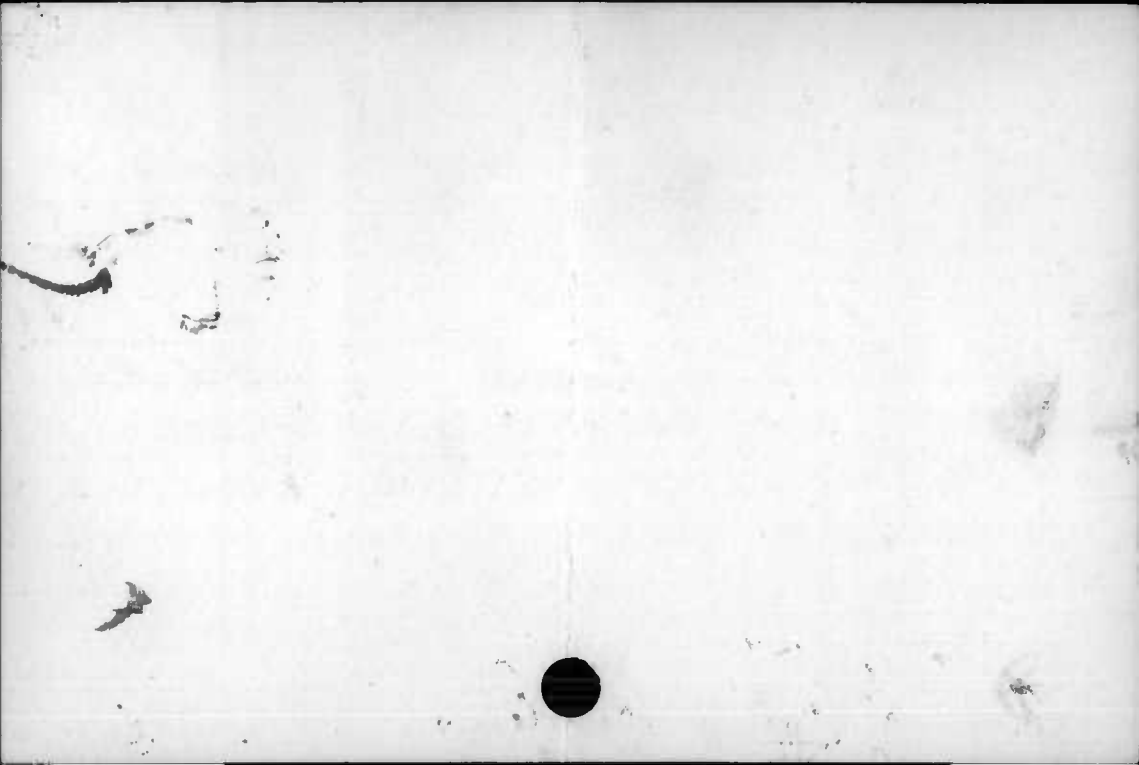
Name in Full <i>Giuseppe D Domenico</i>		Town <i>Landover</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Landover</i>		Month <i>Dec</i>		Day <i>16</i>		Age <i>23</i>	
Date of death <i>1907 Dec 16</i>		Years <i>23</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Italy</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Wash. D.C.</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Antonina Domineci</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Abelonia Debranchare</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Frank Domemere</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>struck by train on B. & O. RR</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Augustus H Dahler</i>	
Accident or Suicide? <i>Accident</i>		Address <i>Acting Coroner Bladensburg Md</i>	



Name
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CERTIFICATE OF DEATH

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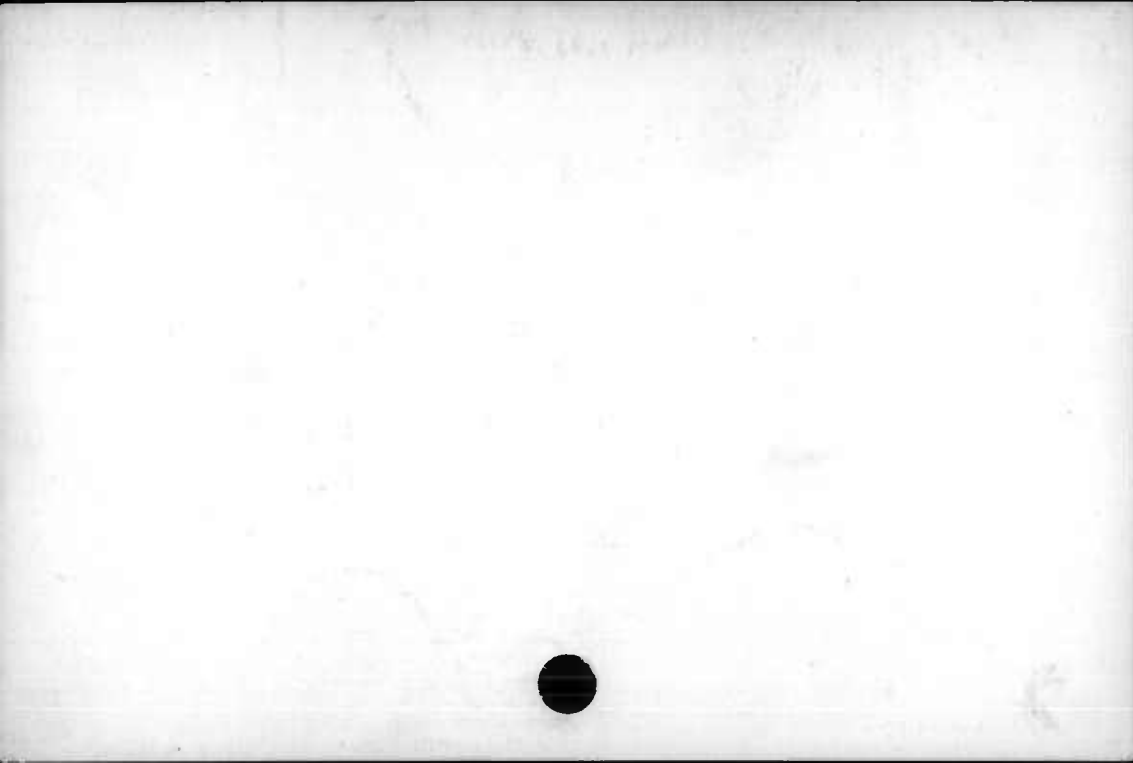
Name in Full John Thomas Fletcher		Town Halls		County Punee Georgy		State MARYLAND	
Died at Halls		Date of death 1904 Dec. 6th		Age 3 Years		Months 3 Days	
Sex Male		Color or Race Colored		Birth-place Maryland			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name William Fletcher				Father's Birthplace Maryland			
Mother's Maiden Name Ella Leontee				Mother's Birthplace " "			
Name of person giving information Wm. Fletcher				How related to deceased Father			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Broncho-Pneumonia	How long 9 days
Immediate Tuberculosis	How long 2 "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Henry J. Hinkel
	Address Halls Md
Accident or Suicide? No	



Name
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Ann R Ford

CERTIFICATE OF DEATH

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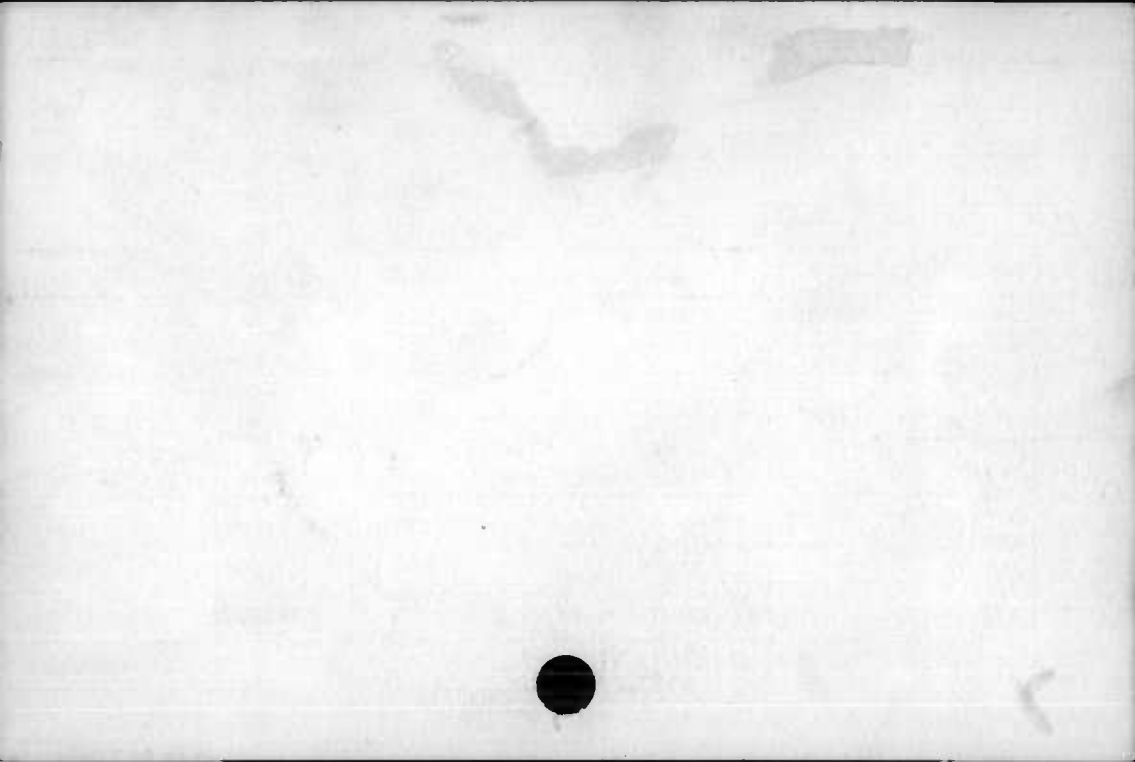
Died at <i>Northleys</i> <small>Town</small>		<i>Pr Geo</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Dec</i> <small>Month</small>	<i>26</i> <small>Day</small>	Age <i>53</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Mid</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph F. Ford</i>				
Father's Name <i>Musnum</i>	Father's Birthplace <i>Musnum</i>				
Mother's Maiden Name <i>Susane Greenleaf</i>	Mother's Birthplace <i>Mid</i>				
Name of person giving information <i>Joseph F. Ford</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>	How long <i>4 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Croom md</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

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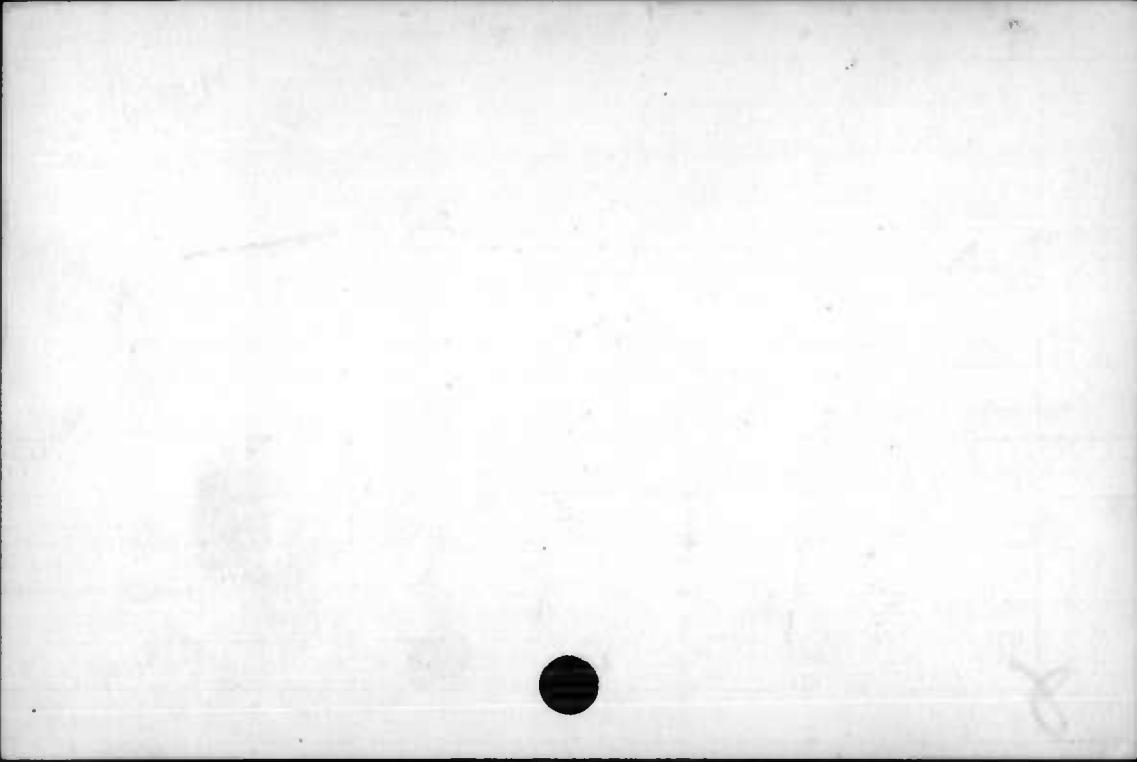
Died at <i>Laurel</i>		Town <i>Laurel</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>11</i>	Age <i>74</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>P. G. Co. Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. E. Fowler</i>						
Father's Name <i>William. J. Simpson</i>	Father's Birthplace <i>P. G. Co. Md</i>						
Mother's Maiden Name <i>E. Lender Fowler</i>	Mother's Birthplace <i>P. G. Co. Md</i>						
Name of person giving information <i>Chas. E. Fowler</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastritis with Cardiac Complications</i>	How long <i>Two Months</i>
Immediate <i>Cardiac Arrest</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. M. D. Wall</i>
	Address <i>Springfield, Md</i>
Accident or Suicide?	



Name
in
Full

Percy Edward Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Oxon Hill^{County} Pr. Geo.Date
of death 1907

Month 12

Day 12

Age 33

Years

Months 8

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Mechanic

Where Residing if not
at place of death

Cong. Heights

Married, ☒Name of Wife or
Husband

Bertha Fowler

Father's
Name

William E. Fowler

Father's
Birthplace

D.C.

Mother's
Maiden Name

Mary White

Mother's
Birthplace

D.C.

Name of person giving
In formation

W. E. Fowler

How related
to deceased

Father

CAUSES OF DEATH

11

Primary

Typhoid Fever

How long

15 days

Immediate

Peritonitis

How long

18 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

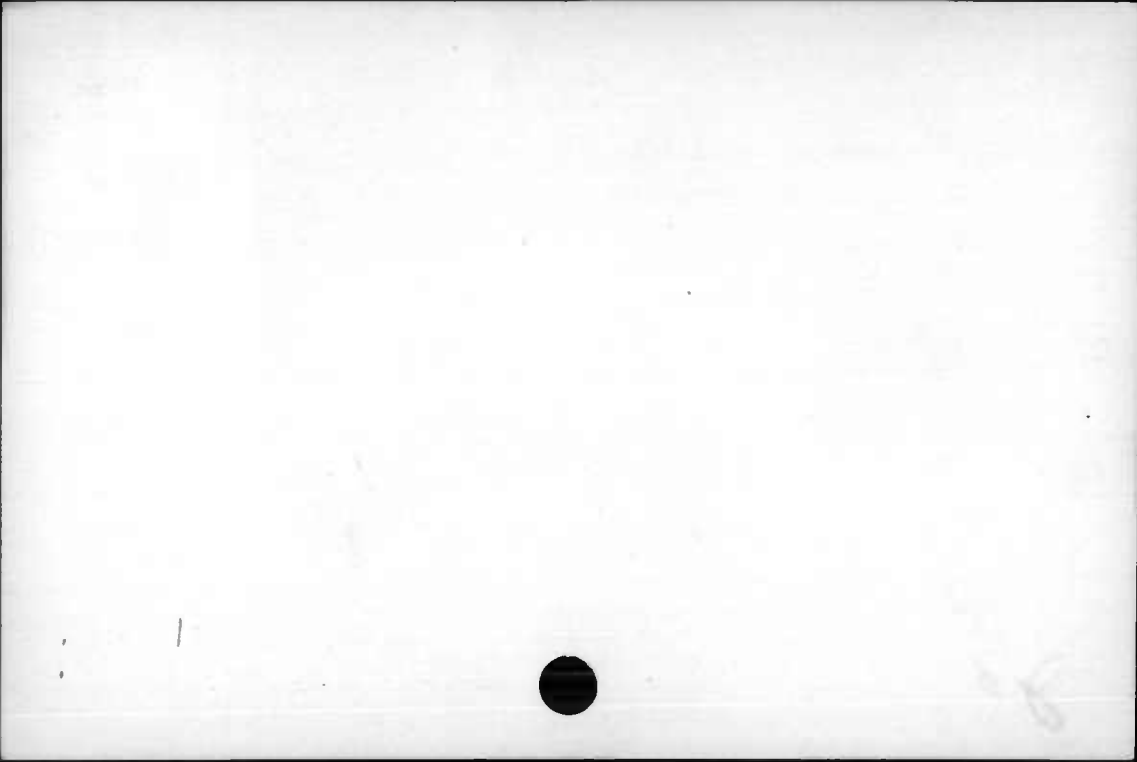
E. P. Simpson, M.D.

Address

Rosecroft, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Edith. H. Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

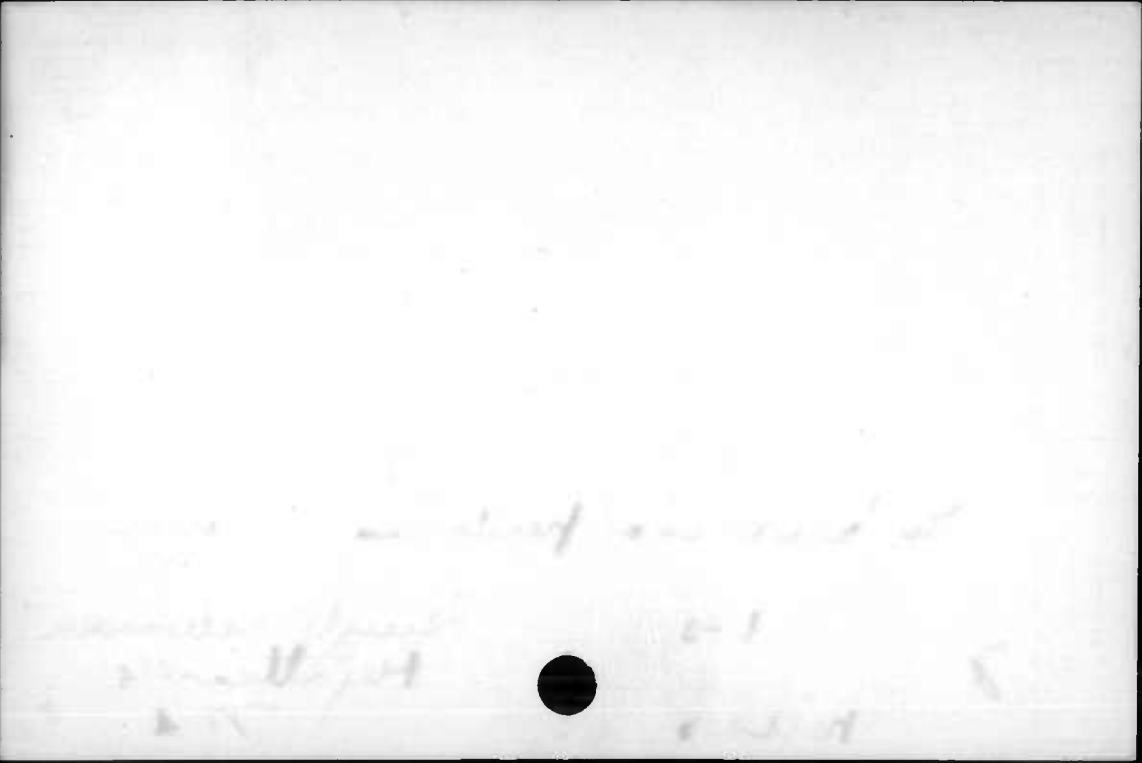
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		12	28			3	16
Sex		Color or Race		Birth-place			
Female		White		Md.			
Occupation				Where Residing if not at place of death			
				New Glaz			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Carroll C. Gibbons				Md.			
Mother's Maiden Name				Mother's Birthplace			
Myrtle Rusk				Va			
Name of person giving information				How related to deceased			
Carroll Gibbons				Father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	6 weeks
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. P. Simpson, M.D.	
Address		Rosecroft, Md.	
Accident or Suicide?			





Name
in
Full

Mary Maggie Harley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

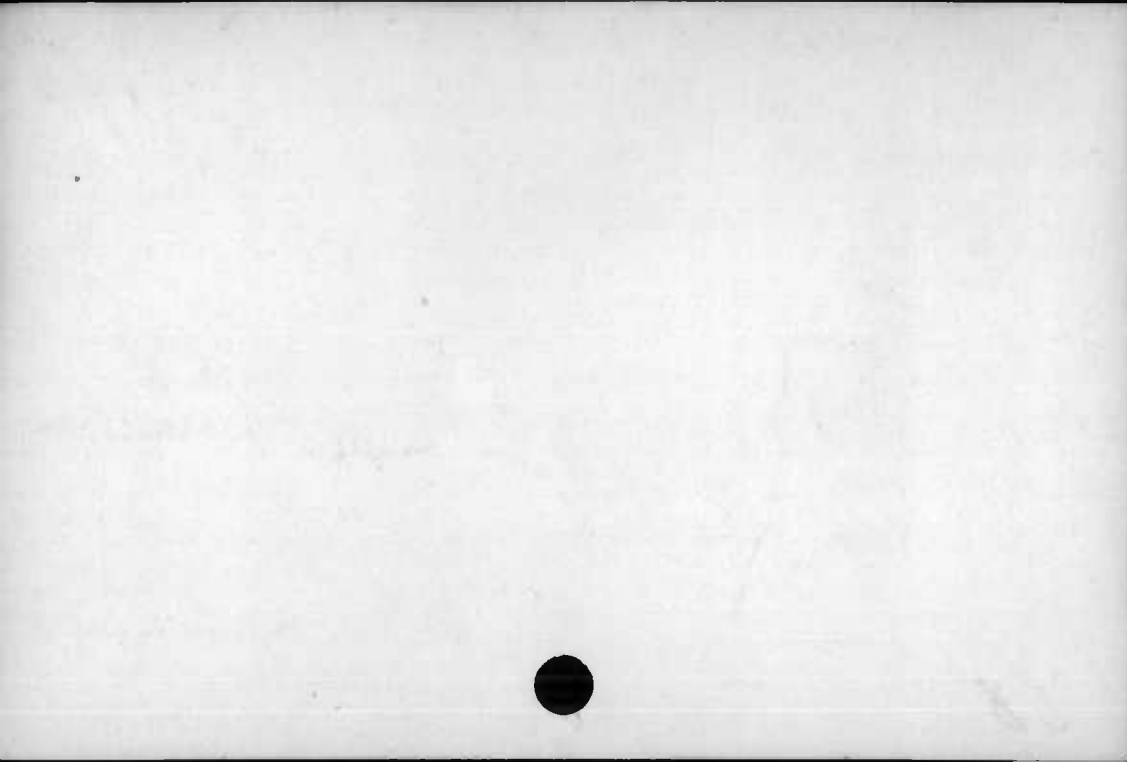
Died at <i>Marlboro</i> Town		<i>Pr. Geo</i> County		MARYLAND	
Date of death	1907	Month	Dec	Day	23
Age		20		Years	
Sex	Female	Color or Race	Black	Birth-place	Pr. Geo. Co. Va
Occupation			Where Residing If not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George T. Harley			Father's Birthplace	Pr. Geo. Co. Va
Mother's Maiden Name	Newman			Mother's Birthplace	Pr. Geo. Co. Va
Name of person giving information	Geo T. Harley			How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis -</i>	How long	<i>1 yr.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Ed Griffith</i>	
		Address	
		<i>Upper Marlboro.</i>	
Accident or Suicide?			
		<i>Med</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

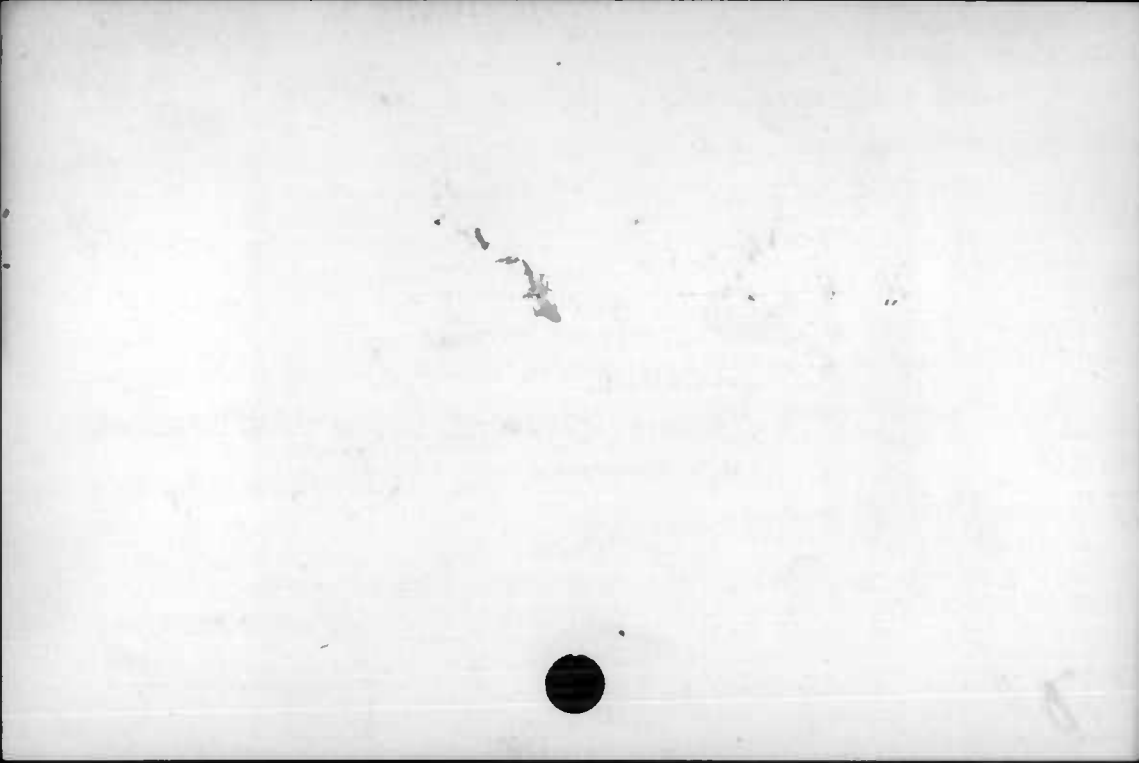
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Month	Days
1907		Dec	18		+	3	
Sex		Color or Race		Birth-place			
Male		Black		Mitchellville Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Joseph Barron				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Harriet Ayers				"			
Name of person giving information				How related to deceased			
Harriet Ayers				Mother			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Not known	7 days
Immediate	How long
	Acting Coroner
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Walter Ryan Lock Key
	Address
	Mitchellville
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

MARYLAND

Died at *Shenep Road* *Prince George* County
 Date of death *1907* *Dec* *21* *th* Age *-* Years *5* Months *-* Days *-*
 Sex *Male* Color or Race *Colored* Birth-place *Md.*
 Occupation *none* Where Residing if not at place of death *-*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

(109)

Primary

How long

Immediate

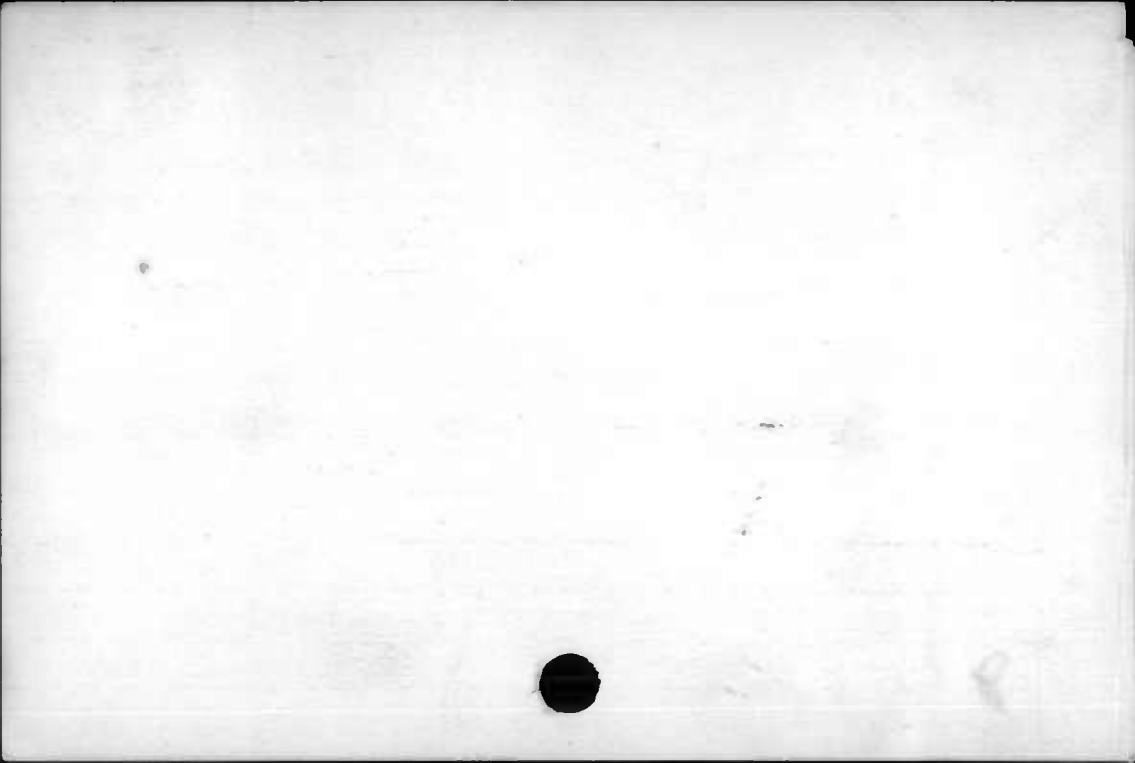
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mareen D. Humma

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

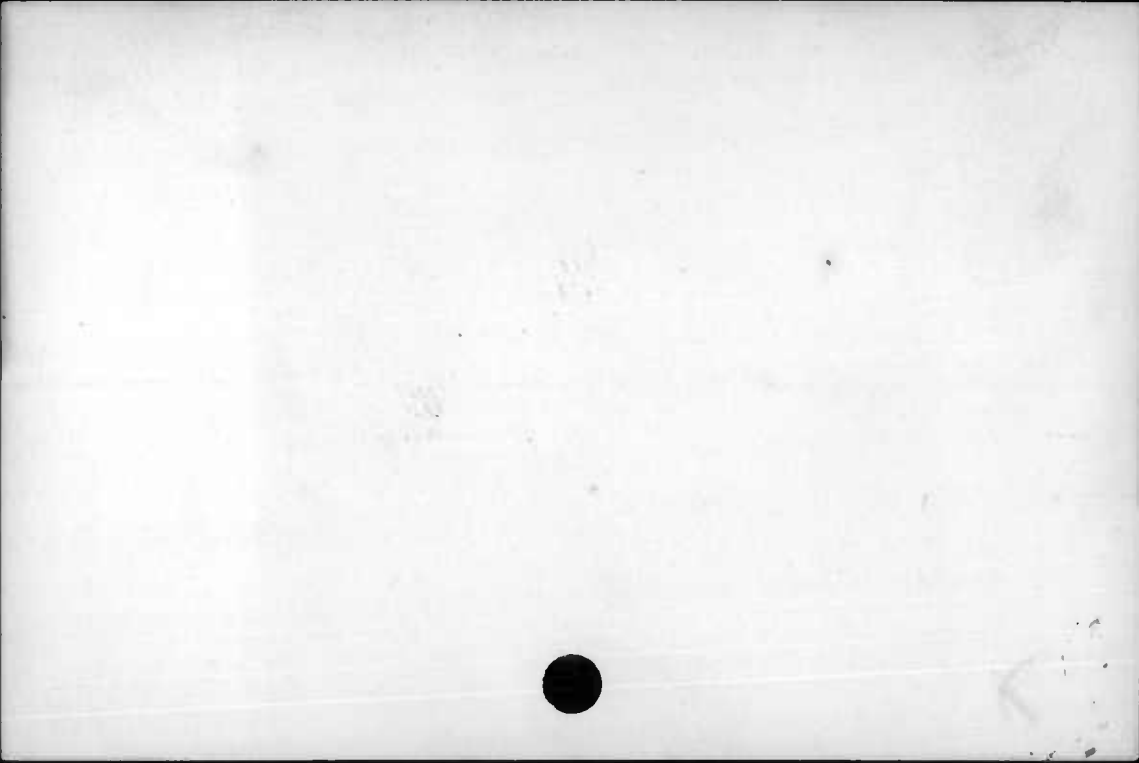
Died at <i>Up. Marlboro</i>		Town <i>P. Es</i>		County	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>24</i>	Age <i>67</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>✓</i>		
Occupation <i>Physician</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Adelaide Clagett</i>				
Father's Name <i>George Humma</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>✓</i>		
Name of person giving information <i>Adelaide Humma</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>1 Yrs</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>8 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Reverdy Sasser</i>
<i>DR.</i>	Address <i>Upper Marlboro</i>
	<i>Maryland</i>
Accident or Suicide? <i>✓</i>	



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <i>Callington</i>		<i>N.S.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>28</i>	Age <i>—</i>	Months <i>10</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth place <i>N.S. Co. Md.</i>		Where Residing if not at place of death <i>—</i>	
Occupation <i>House</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Albert Johnson</i>	Father's Birthplace <i>N.S. Co. Md.</i>		Mother's Birthplace <i>N.S. Co. Md.</i>		
Mother's Maiden Name <i>Mariah Snowden</i>	How related to deceased				
Name of person giving information					

CAUSES OF DEATH

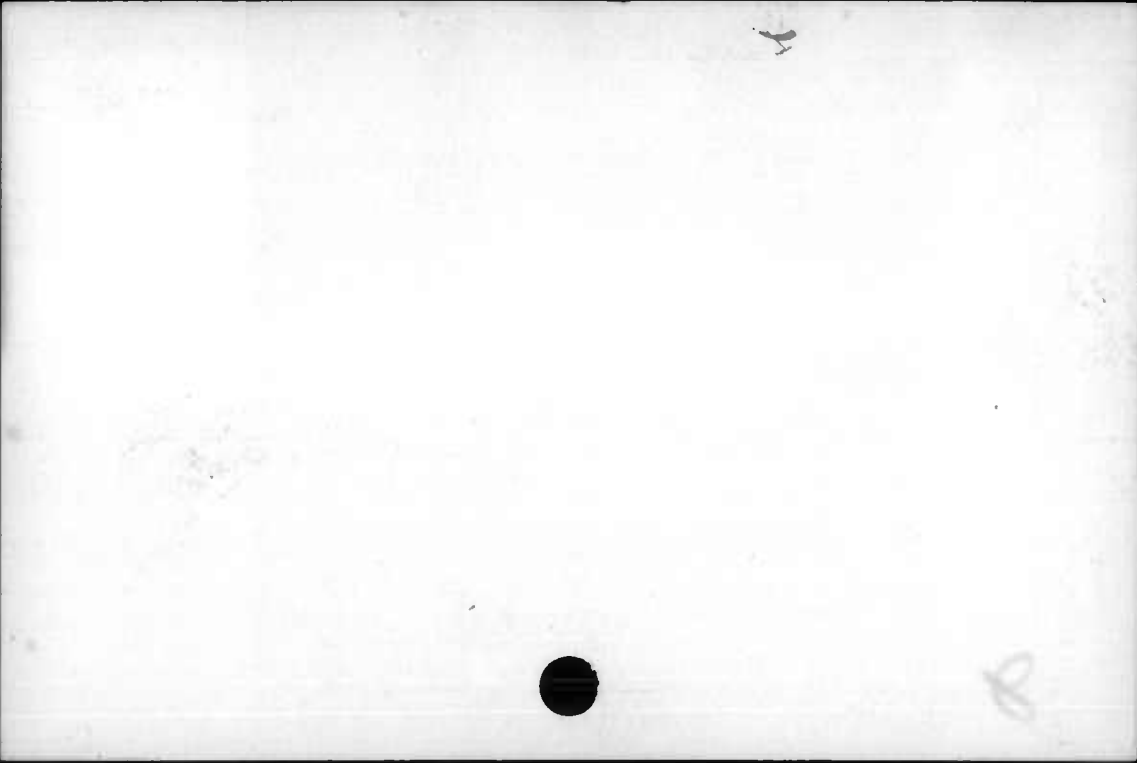
(179)

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long <i>Several months</i>
Immediate <i>At home</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John D. ...</i>
Address <i>Springfield Md.</i>	
Accident or Suicide? <i>No</i>	

Please write permit

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		County		MARYLAND
	Date of death		Age		Months
	Sex		Color or Race		Birth-place
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name		Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace		
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Address				
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

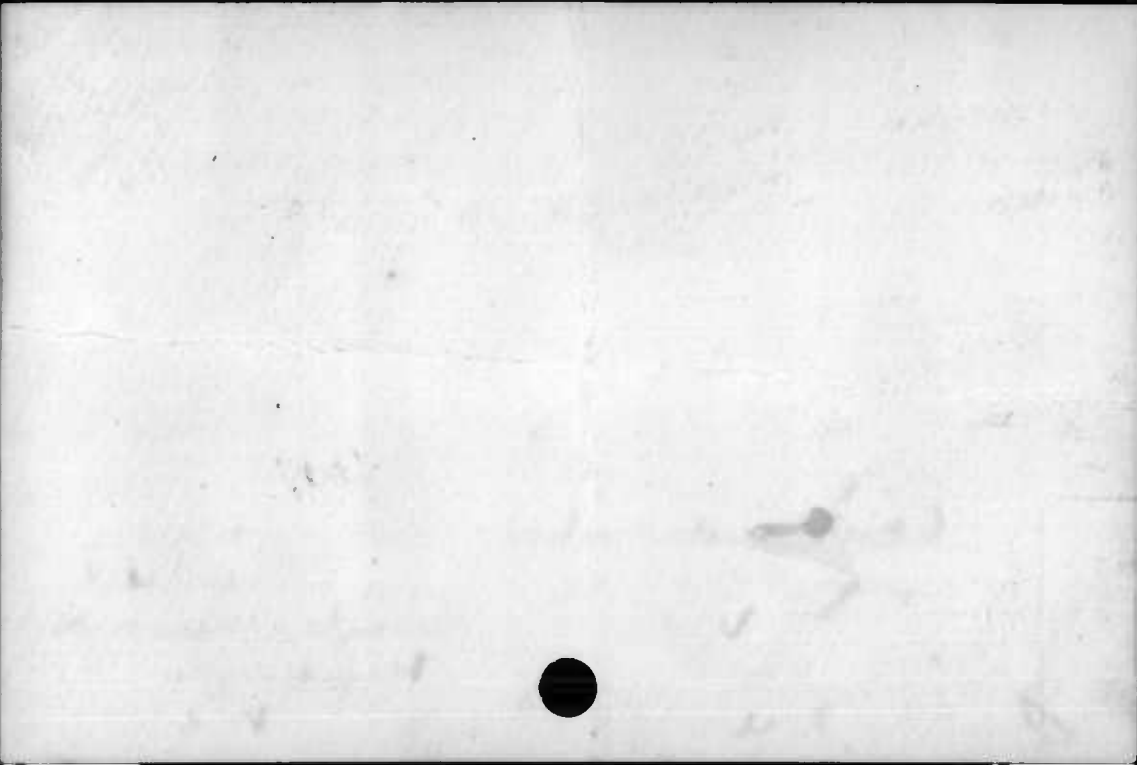
Died at <i>Fairmont Heights</i> Tcwn <i>P. G.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>29</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>3 hours</i>
Sex <i>M</i>	Color or Race <i>Colored</i>	Birth-place <i>Fairmont Heights</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>S</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Abraham Larkins</i>	Father's Birthplace <i>D. C.</i>		
Mother's Maiden Name <i>Emma Weaver</i>	Mother's Birthplace <i>N. J.</i>		
Name of person giving information <i>W. W. Jones</i>	How related to deceased <i>Son.</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W W Jones</i>
	Address <i>Pleasantwood Heights</i>
Accident or Suicide? <i>S</i>	



CERTIFICATE OF DEATH

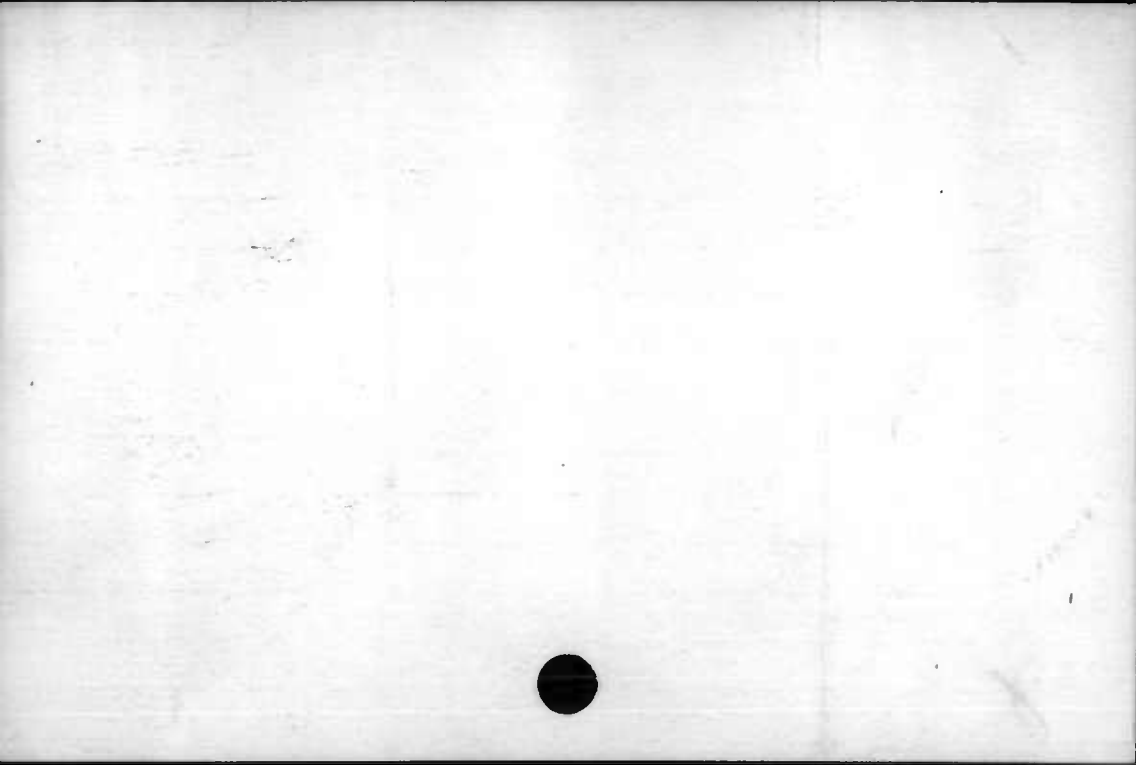
MARYLAND

Died at <i>Hyattsville</i>		Town <i>Prince George</i>		County <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>18</i>	Age <i>68</i>	Years <i>5</i>	Months <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sullivan Co. N.Y.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John McDonough</i>				
Father's Name <i>Edmund Lounsbury</i>	Father's Birthplace <i>Conn</i>				
Mother's Maiden Name <i>Maria Morgan</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>J A Lounsbury</i>	How related to deceased <i>Brother</i>				

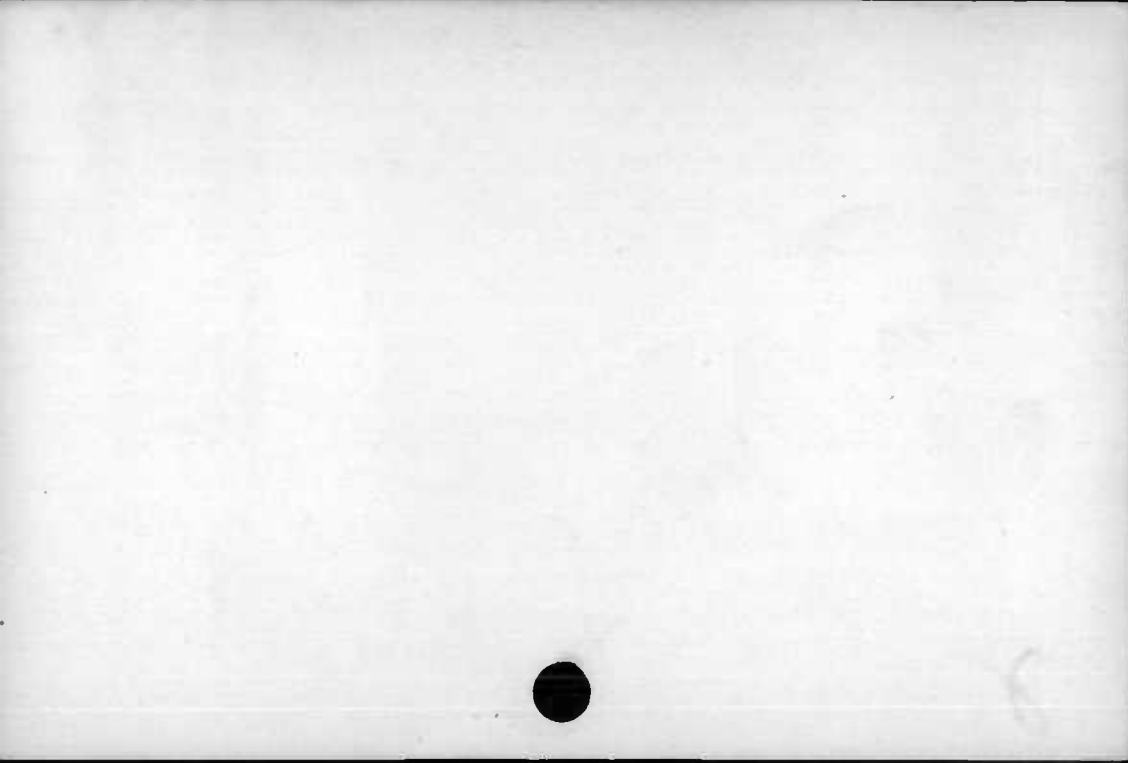
CAUSES OF DEATH

104

Primary	<i>Acute indigestion</i>	How long	<i>2 days</i>
Immediate	<i>Syncope</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Guy W. Hatterman</i>
<input checked="" type="checkbox"/> Accident or Suicide?	<i>Neither</i>	Address	<i>Hagerstown Md</i>



Name in Full		Infant Geo. A. Marshward				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brentwood</u> <small>Town</small>		<u>Pt. Geo</u> <small>County</small>		MARYLAND			
	Date of death 190 <u>7</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>1</u>		Age <u>—</u> <small>Year</small>		Months <u>—</u>		Days <u>15</u>	
	Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Brentwood Md.</u>			
	Married, Single or Widowed <u>Infant</u>		Occupation <u>—</u>					
	Name of Wife or Husband <u>—</u>							
	Father's Name <u>Wm B. Marshward</u>				Father's Birthplace <u>D.C.</u>			
	Mother's Maiden Name <u>H. Ruth Dempsey</u>				Mother's Birthplace <u>D.C.</u>			
Name of person giving information <u>J. C. Ohlendorf, M.D.</u>				How related to deceased <u>none</u>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <u>Premature</u>		How long <u>151</u>					
	Immediate <u>Inefficiency</u>		How long <u>15 days</u>					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. C. Ohlendorf, M.D.</u>					
	Address <u>Brentwood, Md.</u>		<div style="background-color: black; width: 50px; height: 50px; margin: 0 auto;"></div>					
Accident or Suicide? <u>—</u>								



Name
in
Full

Mrs Eliza J. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

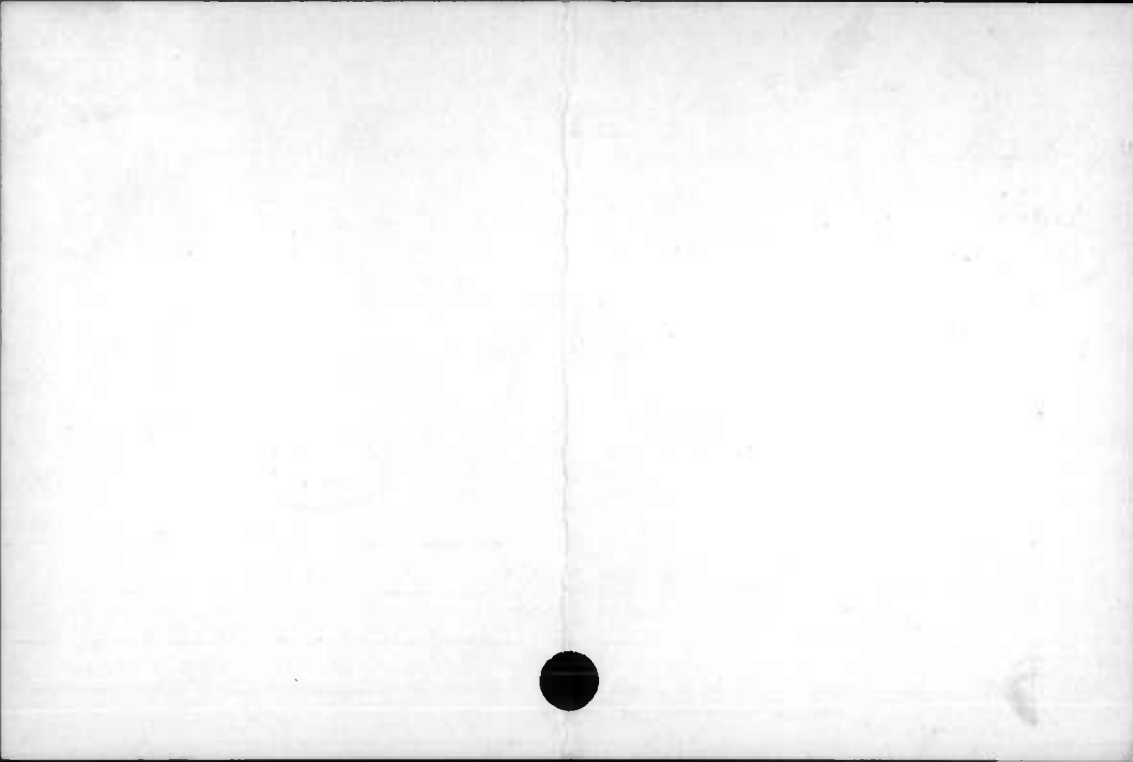
Died at <i>Haynesboro</i>		Town <i>Primer</i>		County <i>George</i>		MARYLAND	
Date of death	1904	Month	June	Day	21	Age	69
Sex	Female	Color or Race	White	Birth-place	Rochester N.Y.		
Occupation	Housewife		Where Residing if not at place of death		Washington DC		
Married, Single or Widowed	Married	Name of Wife or Husband		Geo O Harris			
Father's Name	Thompson		Father's Birthplace		Canada		
Mother's Maiden Name	Belenida Hopkins Rogers		Mother's Birthplace		Orange N.Y.		
Name of person giving information	J P Hyman		How related to deceased		Daughter		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Physical Pneumonia</i>		How long	<i>several months</i>
Immediate	<i>Aspiration</i>		How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>X</i>		<i>Wm. D. Waller</i>		
		Address		
		<i>Springfield, Md.</i>		
Accident or Suicide?				



Name
in
Full

Not Named Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

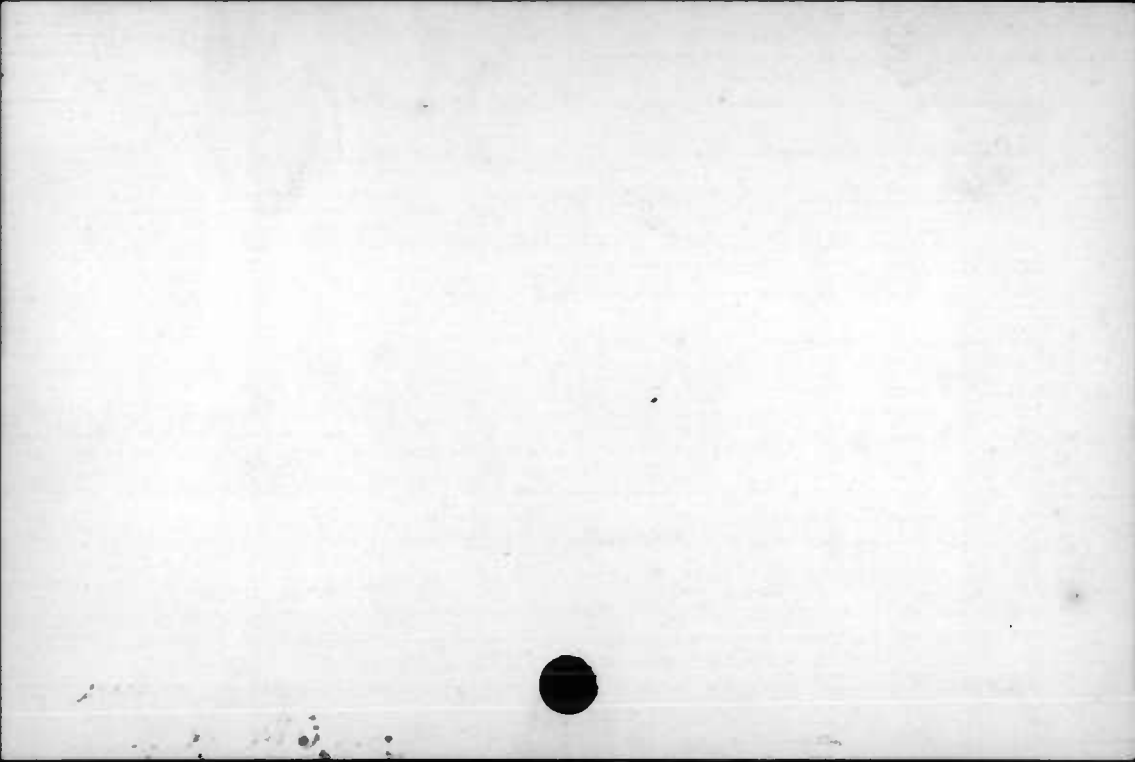
Died at <i>Near Piscataway</i>		Town <i>Princes George</i>		County		MARYLAND	
Date of death	1907	Month	Dec	Day	26	Age	Years
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>James Marshall</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Alberta Young</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>James Marshall</i>		How related to deceased <i>Farther</i>					

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>None in attendance</i>	
		Address <i>J. M. Wilkerson</i>	
		<i>Sub Reg</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

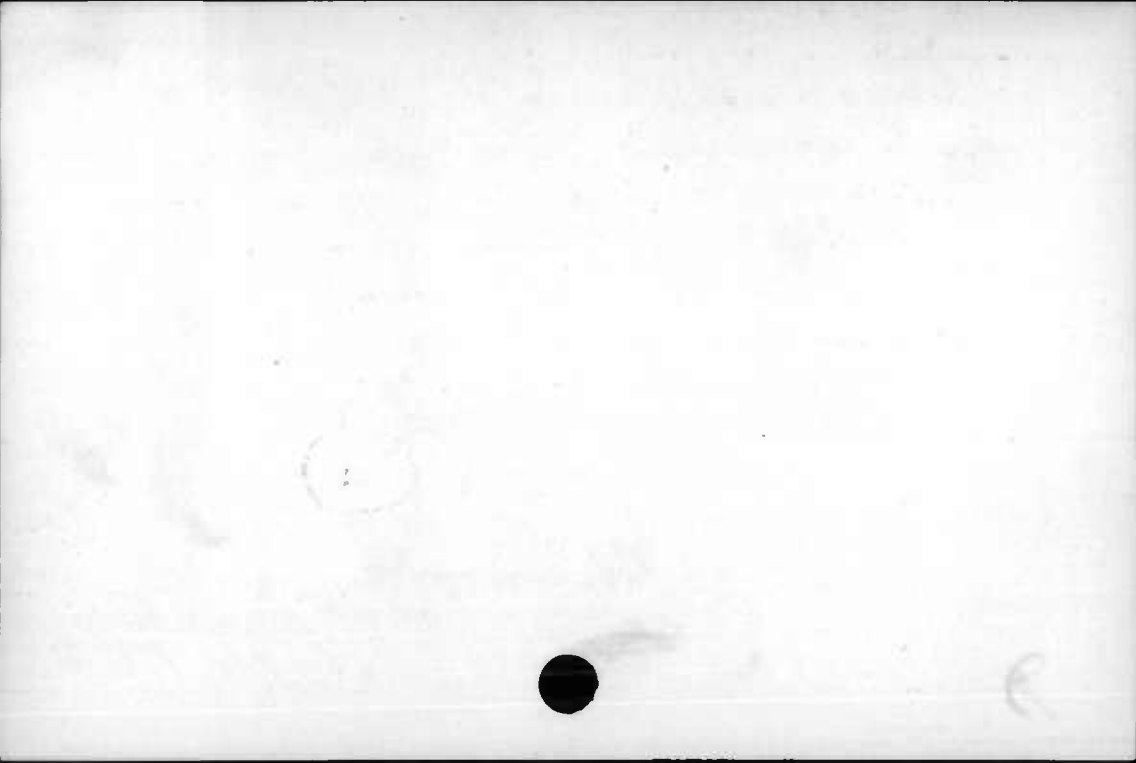
Died at <i>Camp Springs</i> ^{Town}		<i>P. Co.</i> County		MARYLAND	
Date of death	<i>1907</i>	<i>Dec</i> ^{Month}	<i>30</i> ^{Day}	<i>38</i> ^{Years}	<i></i> ^{Months} <i></i> ^{Days}
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>musician</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Unknown</i>	Name of Wife or Husband			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>J. B. Middleton</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

156

PHYSICIAN
OR CORONER

Primary	<i>Whiskey exposure</i>	How long	
Immediate	<i>Found dead.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. L. Haring M.D.</i>
		Address	<i>Clinchfield Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

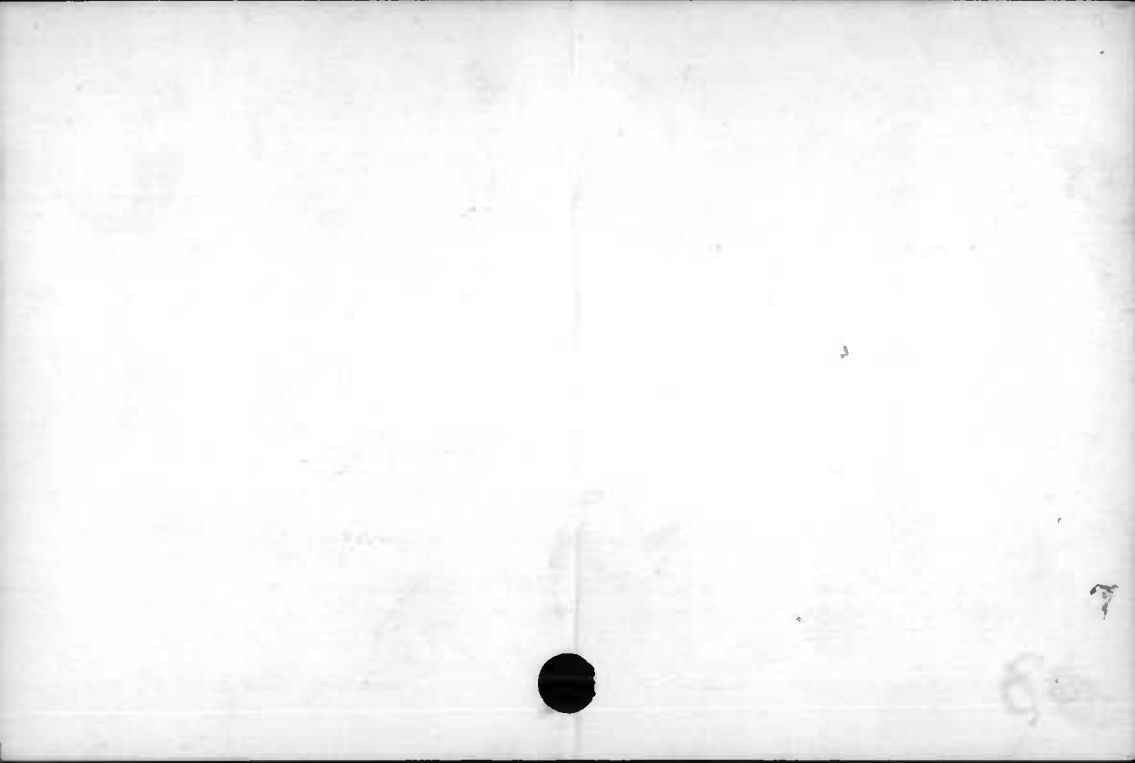
Died at <i>Forestville</i>		County <i>Prince George</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>1</i>	Age <i>58</i>	Years <i>58</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Elkton Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Lucy Nichols</i>			
Father's Name <i>Aaron Nichols</i>		Father's Birthplace <i>Elkton Md</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Arthur Nichols</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Fall from high building</i>	How long <i>2 months ago</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Sudden death</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sausbury</i>
	Address <i>Forestville Md</i>
	Accident or Suicide? <i>2</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Melorie Payne* Town *Barren Road* County *P. es.*

Died at *Barren Road*

Date of death *1907* Month *Dec* Day *7* Age *3* Years Months *6* Days

Sex *male* Color or Race *colored* Birth-place *N. C.*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Harren Payne* Father's Birthplace *Va.*

Mother's Maiden Name *Florence Washington* Mother's Birthplace *Va.*

Name of person giving information How related to deceased

CAUSES OF DEATH

119

Primary *Acute Nephritis* How long *3 mo.*

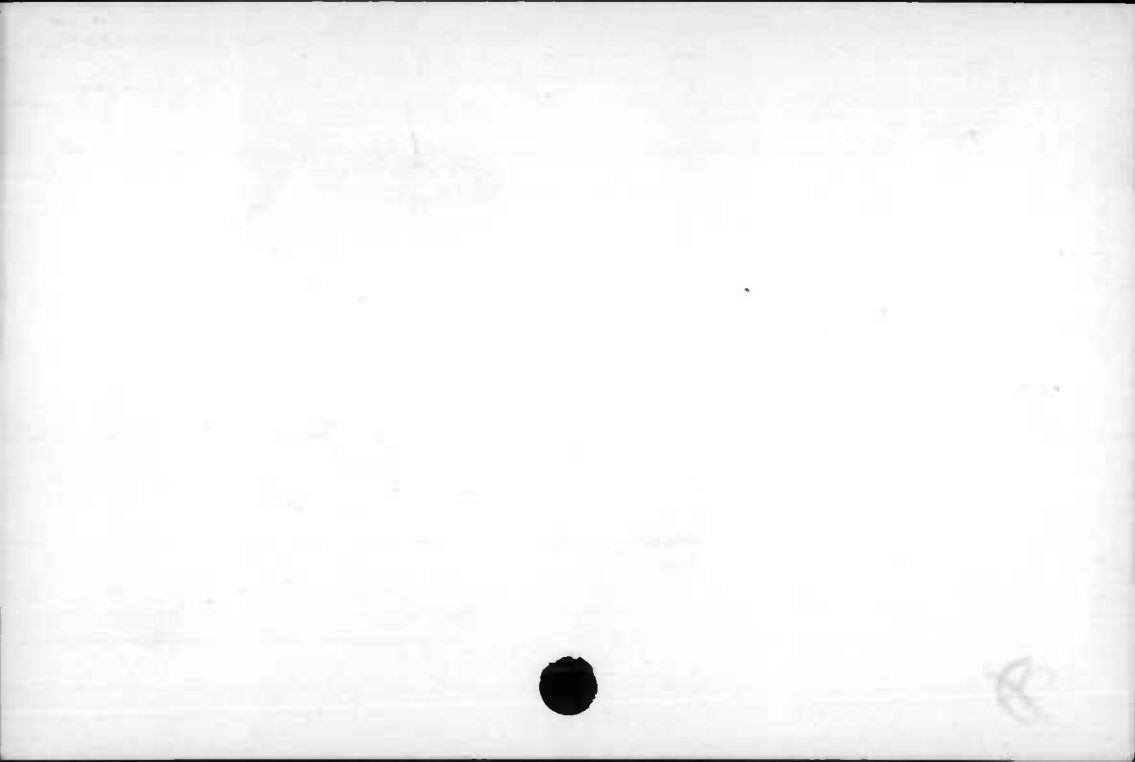
Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. L. Scott*

Address *Asiacosta W.*

Accident or Suicide?



Name
in
Full

Evelyn Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

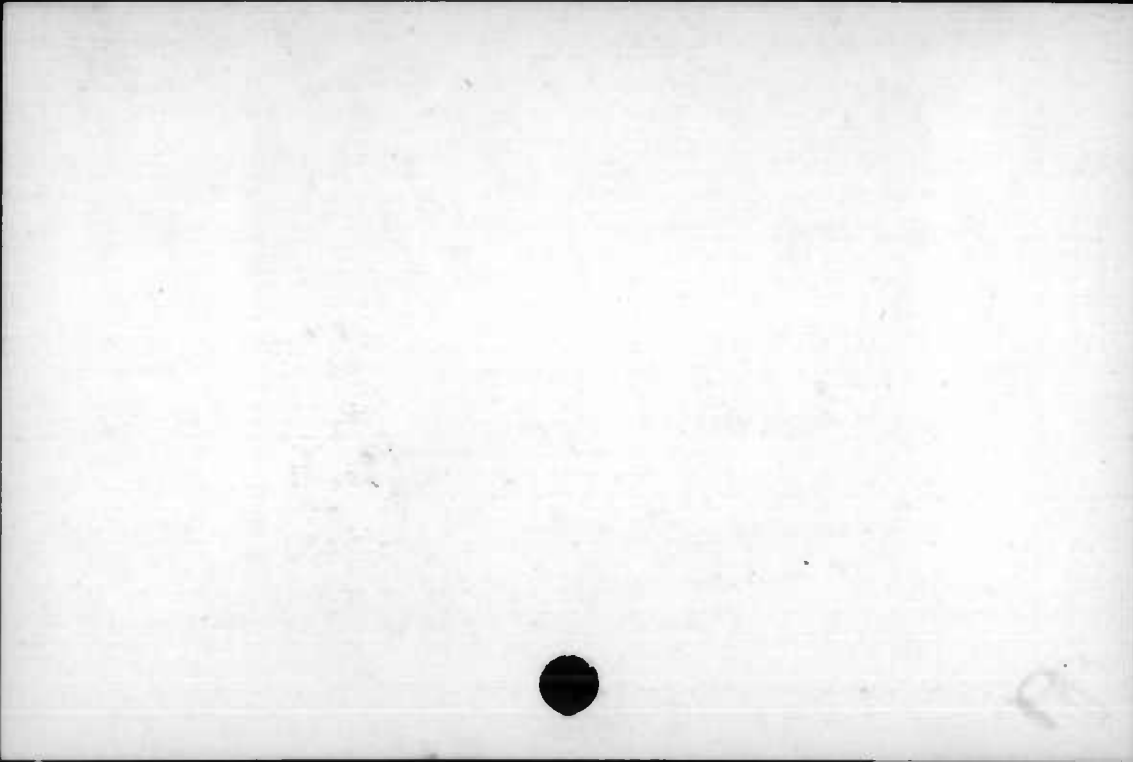
Died at <i>Rose Croft-</i>		Town <i>Prince Geo.</i>		County <i>Geo.</i>		MARYLAND	
Date of death	1907	Month	Dec	Day	17	Age	4
Sex	Female		Color or Race	Black		Birth-place	M-d
Occupation	Child		Where Residing if not at place of death		Rose Croft- M-d		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	John E. Robinson				Father's Birthplace	M-d	
Mother's Maiden Name	Alice Newman				Mother's Birthplace	M-d	
Name of person giving information	Albert Newman				How related to deceased	Uncle	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>2 weeks</i>
Immediate	<i>Asthemia</i>	How long	<i>11 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Parker M.D.</i>	
		Address <i>Congress Heights D.C.</i>	
Accident or Suicide?			



Name
in
Full

Christiana Ryan

CERTIFICATE OF DEATH

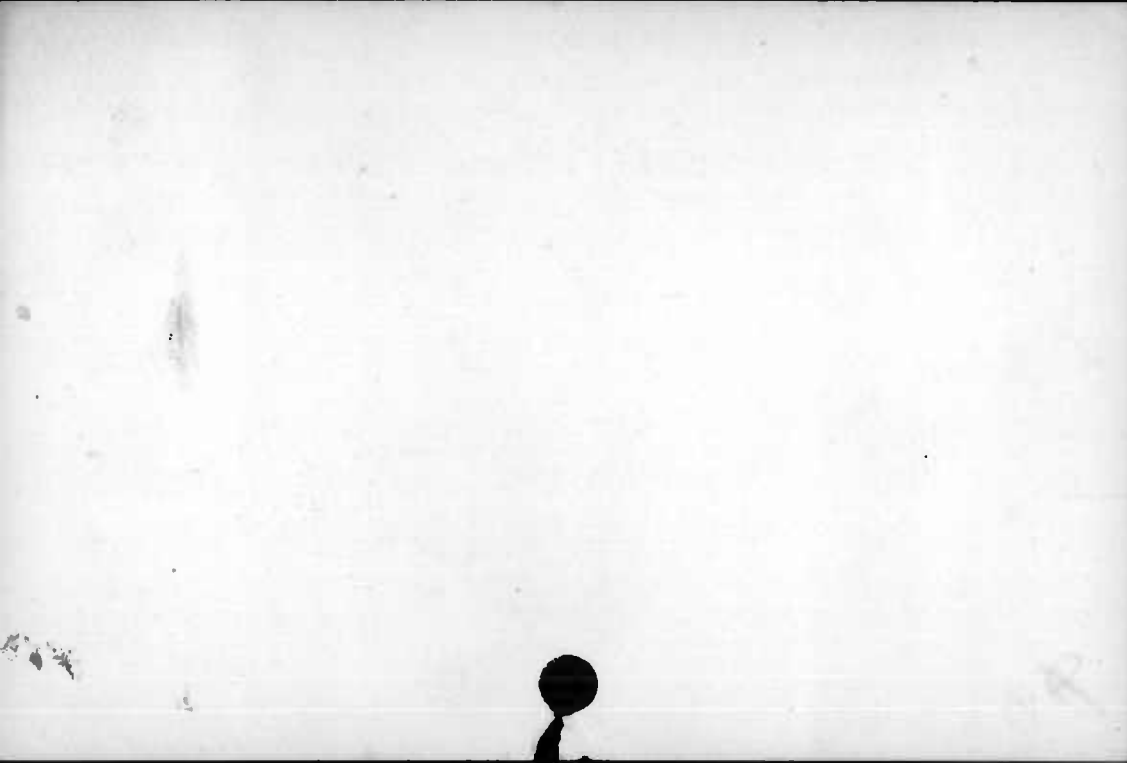
Died at ^{Town} Upper Marlboro		^{County} Prince Georges		MARYLAND	
Date of death	1907	Month	Dec	Day	12
Age		67		Years	7
Sex	Female	Color or Race	White	Birth-place	Jr Geo Co Md
Occupation	Home wife None		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Wm S Ryan		
Father's Name	Benjamin Cydon			Father's Birthplace	Md
Mother's Maiden Name	Katherine S Swan			Mother's Birthplace	Md
Name of person giving information	Nelson A Ryan			How related to deceased	Son

CAUSES OF DEATH

106

Primary	Intestinal Dispepsia	How long	5 years
Immediate	Coma	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Nelson A Ryan M.D.	
Address		Bowie Md	
Accident or Suicide?		No	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm Henry Savoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

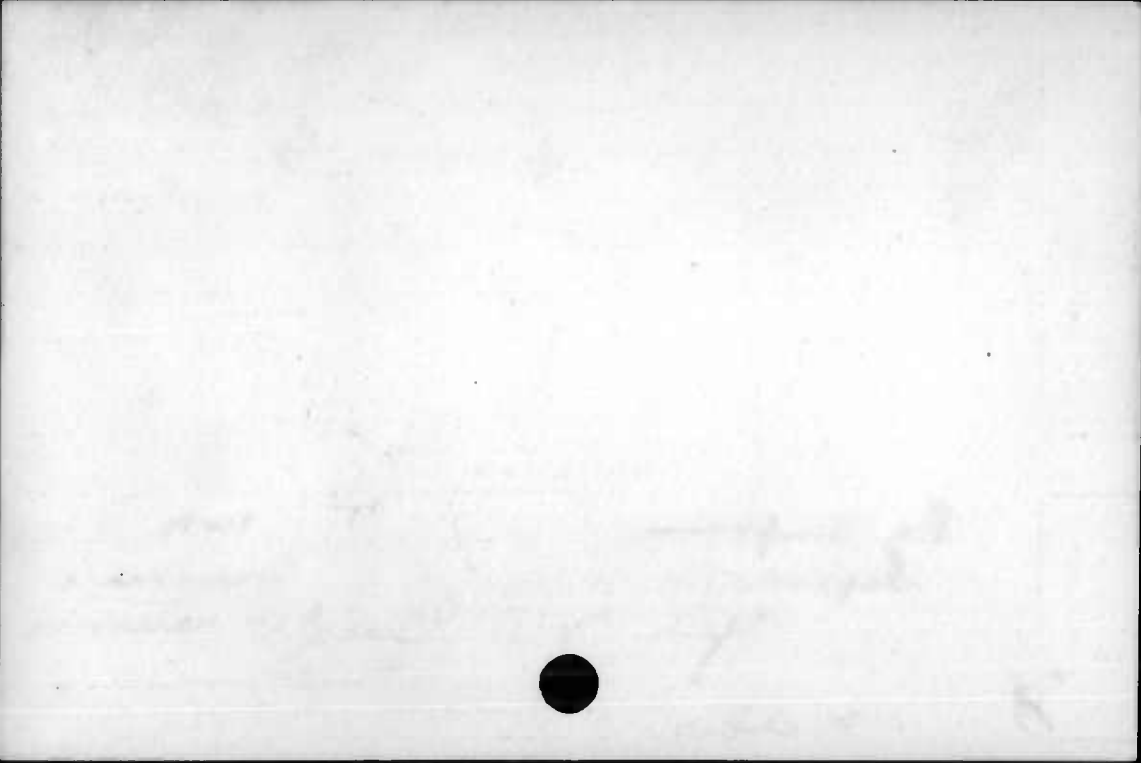
Died at near <u>213.</u> ^{Town}		<u>Dr. G.</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>12</u>	Day	<u>15</u>
Age		<u>about 37</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Ind</u>
Occupation		<u>Laborer</u>			
Where Residing if not at place of death					
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>John Savoy</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Eliza A. Barton</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Cornelius Savoy</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary	How long
Immediate	<u>Alcoholism & Exposure</u>
How long	<u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>
Signature of Physician	<u>John A. Cox</u>
Address	<u>213, Ind</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

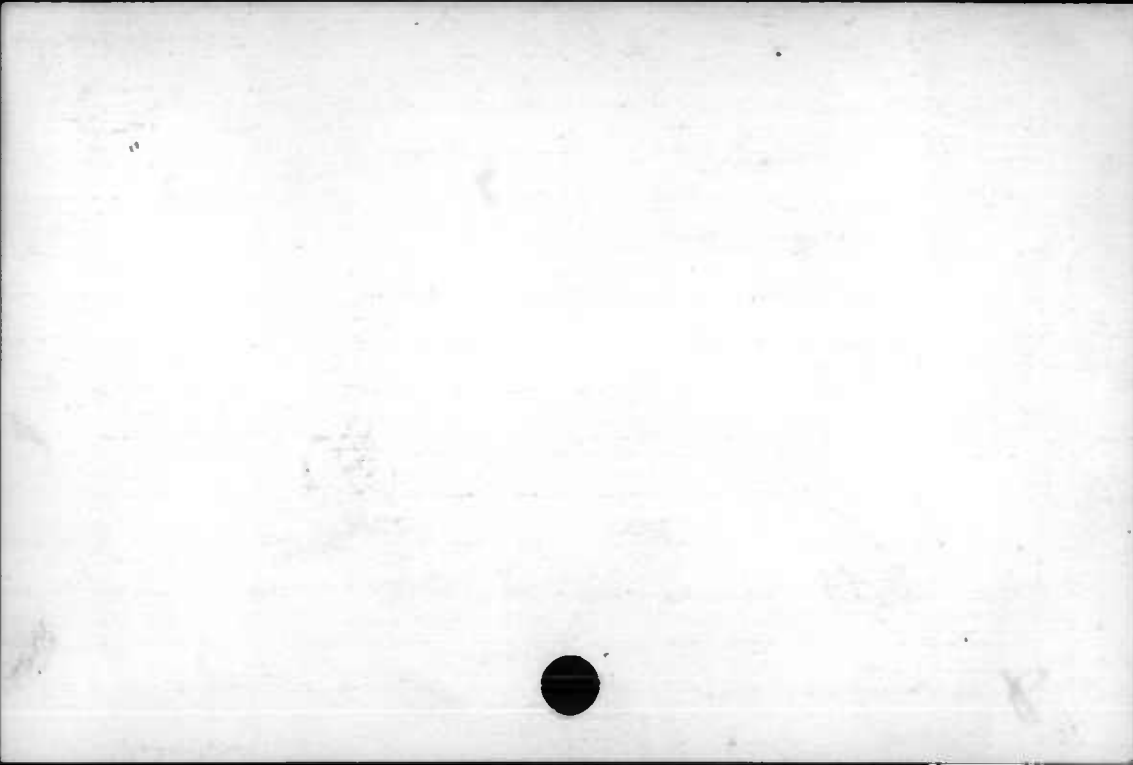
Name <i>Mary A. Sheriff</i>		Town <i>East Hyattsville</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at		Month <i>Dec</i>		Day <i>25</i>		Years <i>79</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Seat Pleasant Md.</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Dinacius Sheriff</i>					
Father's Name <i>Philip Hill</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Sophia Magruder</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Howard Sheriff</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

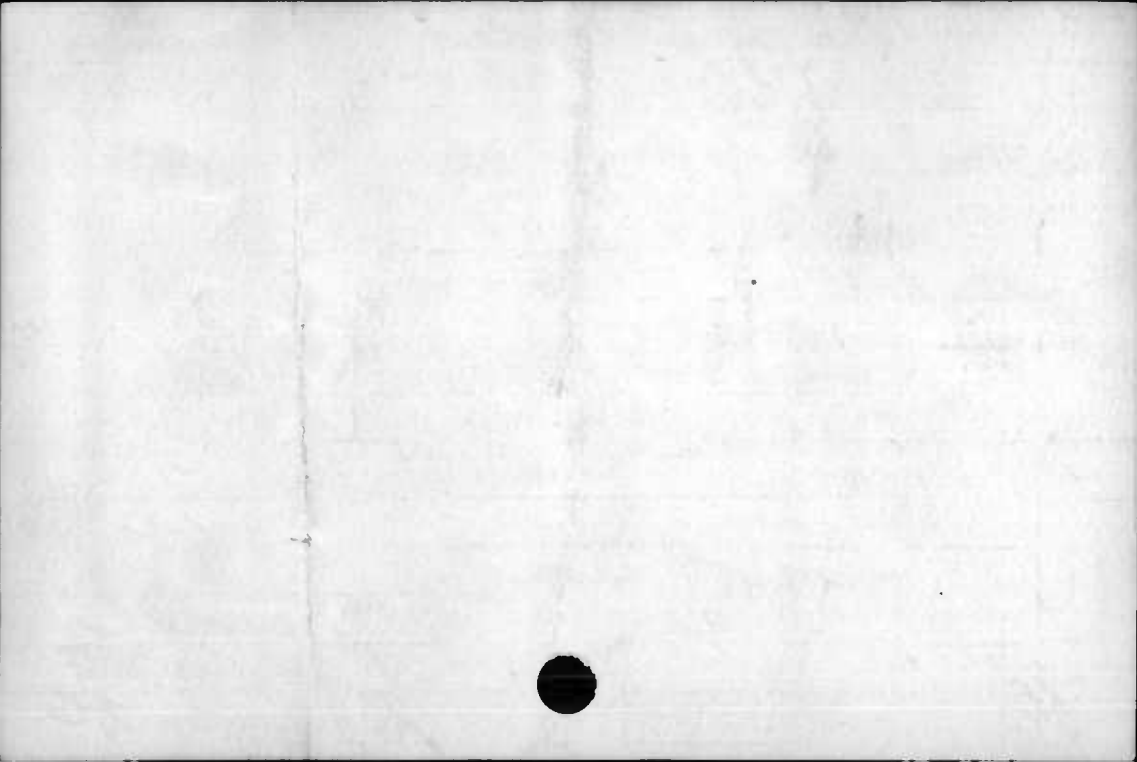
10

PHYSICIAN
OR CORONER

Primary <i>Ra Grippe</i>	How long <i>1 wk</i>
Immediate <i>Syncope</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Isaiah H. Waterman</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide? <i>Neither</i>	



Name in Full <i>Elizabeth Simon</i>		County <i>Prince George</i>		TOWN <i>Kyatts ville</i>		MAYLAND	
Died at		Date of death		Month		Day	
<i>1907</i>		<i>Dec</i>		<i>Age about 60</i>		<i>Months</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>m. d.</i>			
Occupation <i>don't know</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>don't know</i>		Name of Wife or Husband <i>don't know</i>					
Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving information <i>Arthur Carr</i>		How related to deceased <i>—</i>					
		CAUSES OF DEATH					
Primary		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur Carr</i>		Address <i>Kill by train on B. & O. R.R.</i>			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

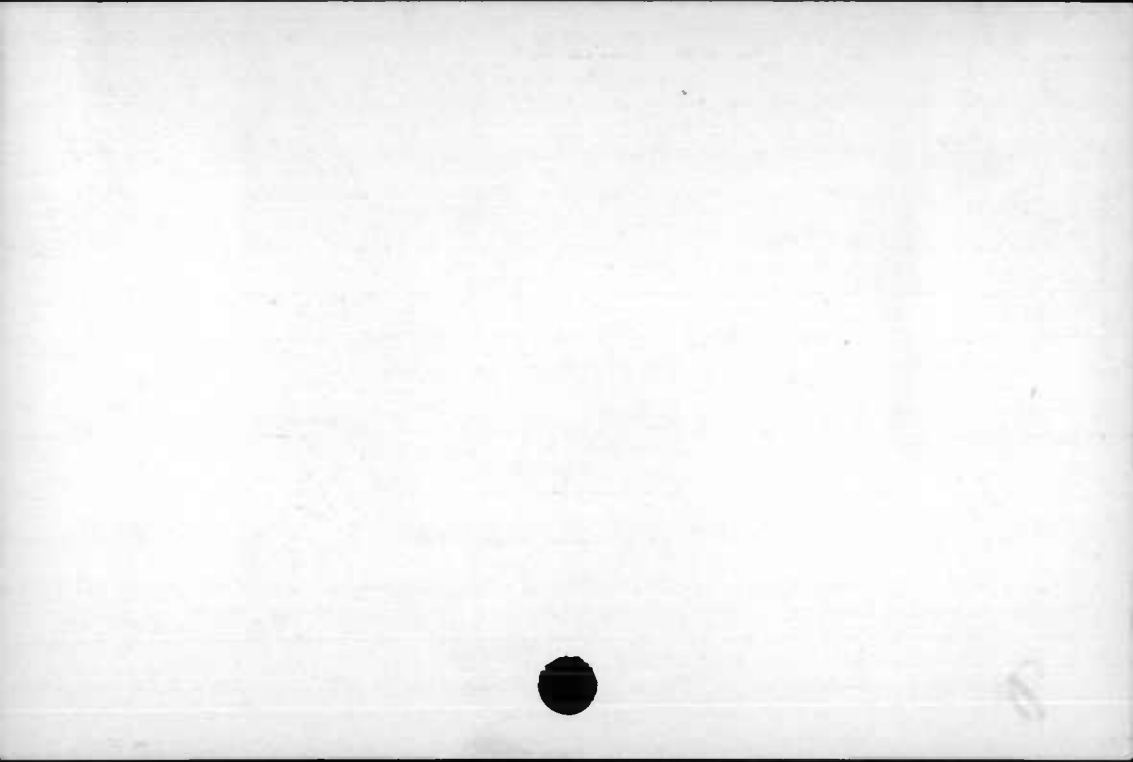
Died at <i>Capitol Hill D.C.</i>		County		MARYLAND	
Date of death	Month <i>12</i>	Day <i>12</i>	Years	Months <i>-</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Snyder</i>			Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>— not given</i>			Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>not given</i>			How related to deceased		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Life</i>
Immediate <i>convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A.W. Brownell</i>
	Address <i>928 Md Ave N.E. Washington DC</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Samuel Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

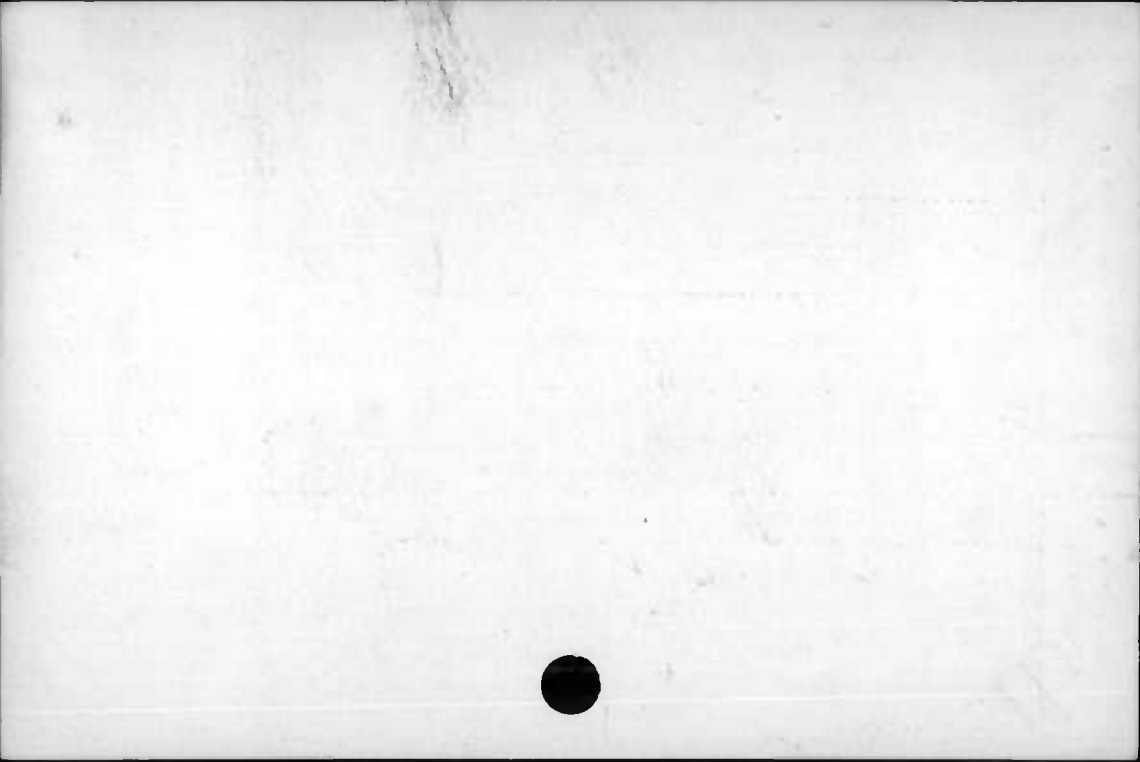
Died at <u>Laurel</u> <small>Town</small>		<u>Russell George</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month -</small>	<u>dec</u> <small>Day</small>	<u>6</u> <small>Years</small>	Age	<u>10</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Samuel MS</u>
Occupation	<u>infant</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Wilson Thomas</u>			Father's Birthplace	<u>MS.</u>
Mother's Maiden Name	<u>Annie Matthews</u>			Mother's Birthplace	<u>MS</u>
Name of person giving information	<u>Wilson Thomas</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho-Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Dr. R. C. Haskins</u>	
Accident or Suicide?		Address	
<u>No</u>		<u>Samuel MS</u>	



Name
in
Full

Matthews Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

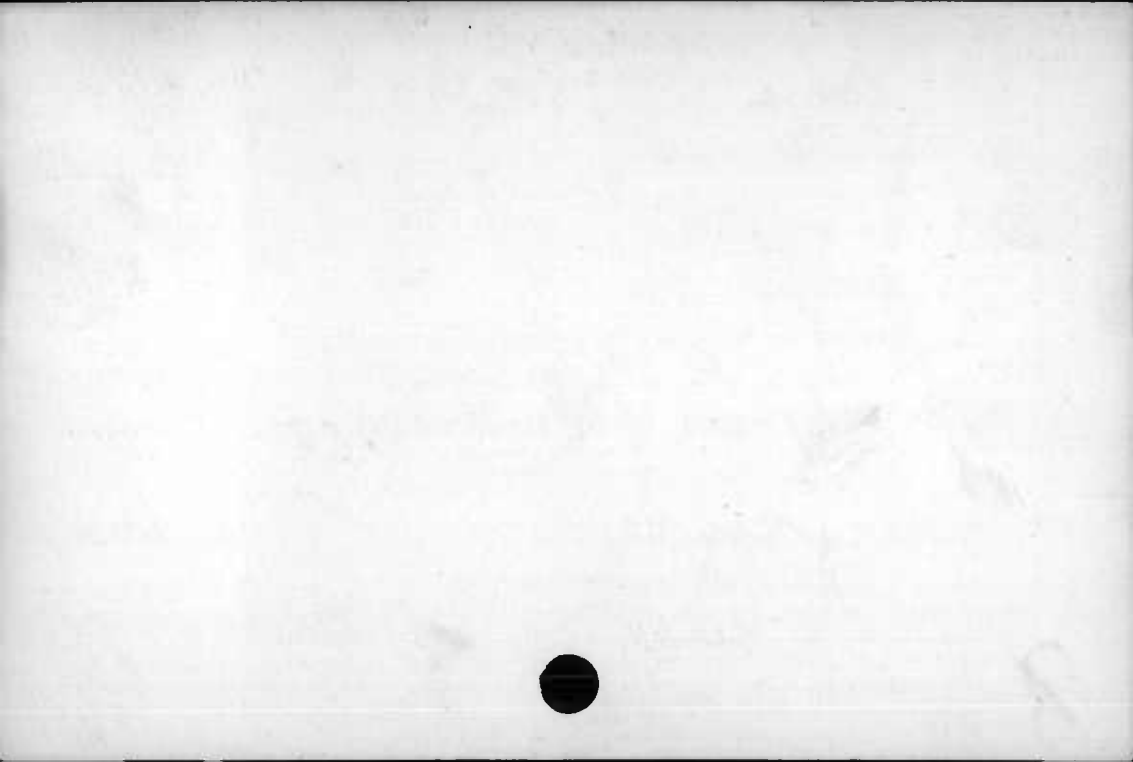
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec.	10	Age 20	10		
Sex	male	Color or Race	colored	Birth-place	Maryland		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name	Frederick Tolson				Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Ellen Inauder				Mother's Birthplace	Maryland	
Name of person giving information	Frederick Tolson				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Two years
Immediate	Tuberculosis	How long	Two years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. D. Burner
yes		Address	upper Marlboro, Md.
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Bitchie</i> Town		<i>O. E.</i> County	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>17th</i>
Sex <i>male</i>	Color or Race <i>white</i>	Age <i>-</i>	Years <i>-</i>
Months <i>8</i>	Days <i>-</i>	Birth-place <i>md</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>Richard Windsor</i>	Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Rosa Hutchinson</i>	Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Edward Hutchinson</i>	How related to deceased <i>uncle</i>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Membr. Croup</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E. Sanborn M.D.</i>
	Address <i>Forrestville md.</i>
Accident or Suicide? <i>Neither</i>	

Frank Wood
Finnville